INVESTIGATION REPORT

THE MECHANISM FOR HANDLING MISSING PATIENTS IN HA HOSPITALS

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Office of The Ombudsman
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Executive Summary of the Investigation Report on the Mechanism for Handling Missing Patients in HA Hospitals

Background

In June and August 2001, a number of reports of patients missing from hospitals run by the Hospital Authority (HA) gave rise to much community concern. For public interest and patient safety, The Ombudsman decided to initiate a direct investigation under section 7(1)(a)(ii) of The Ombudsman Ordinance, Cap. 397 in late September 2001.

The Investigation

2. This direct investigation examines the existing administrative procedures and practices for handling in-patients reported or found missing from HA hospitals, ascertains the adequacy and effectiveness of such procedures and practices and assesses the need for improvement.

Missing Patients

3. For HA, in-patients found missing is by far the largest category of security incidents reported in HA hospitals. During the 24 months from 1 June 1999 to 31 May 2001, there were 6,486 reports of patients missing from 40 HA hospitals. In nine cases, the patient was later found dead. Our community has legitimate expectations of HA taking proper precautions for the safe care of patients throughout their hospitalisation.

Reasons for Missing

4. A hospital is for medical treatment and recuperation, not for detention of patients. Patients' movement within the hospital compound is understandably unrestricted. It is not uncommon for patients to leave their ward. There are many reasons for patients "missing" from hospitals - for example leaving to

attend to personal matters, to have tea or other recreational activities with friends, to get illicit drugs to relieve addiction, and leaving without notification upon regaining consciousness from drunkenness or drug overdose.

Hospital Responsibilities

5. HA hospitals is responsible for the safety and well-being of patients in their care particularly those "at risk" -

(a) infants;

(b) young children or mentally retarded or impaired children regardless of age;

(c) patients whose mental incapacity may impose a danger to themselves or others; and

(d) patients whose clinical conditions are such that continuous medical intervention is needed otherwise patient's life may be at stake.

Patient Responsibilities

6. In turn, patients have responsibilities as well as rights, as set out in HA's Patients' Charter. They have the responsibility to follow the prescribed and agreed treatment plan, to comply conscientiously with the instructions given and to show consideration for the rights of other patients and health care providers. In brief, they should follow hospital rules for patient conduct.

7. HA expects patients and their families, to abide by hospital rules and regulations.

Definition

8. There is no standardized definition of "missing patients".

Four definitions are being adopted by HA hospitals, as follows -

(a) patients who discharge themselves or are found missing without prior notice to ward staff and cannot be located;

(b) patients who discharge themselves or are found missing without prior notice to ward staff and cannot be located, resulting in reports to the Police;

(c) patients who discharge themselves (walk away in the presence of medical/ward staff) without signing the Discharge with Acknowledgement of Medical Advice (DAMA) form; and

(d) despite persuasion, patients who refuse to return after home leave.

Method of Counting

9. There is no uniform method of counting missing patients. Three methods are adopted by HA hospitals, as follows

(a) by the number of discharges coded as "missing" in the Integrated Patient Administration System;

(b) by the number of patients found missing based on the particular definition adopted by the hospital and -

(i) counting "episodically", i.e. the same patient may disappear more than once during hospitalisation and each time is counted; or

(ii) counting "individually", i.e. the same patient is counted only once regardless

of the number of disappearances during each stay.

Guidelines and Procedures

10. HA adopts an approach of decentralized management, with Hospital Chief Executives being held responsible for the management of their respective hospitals. In 1995, HA issued guidelines and procedures for handling missing patients. This set of guidelines was put under Section C Item II(1) of the Manual on Handling of Medico-Legal Issues in Hospital.

11. The guidelines contain suggestions for the handling of missing patients such as searching for the patient, contacting family members/relatives, reporting to the medical officer on duty, recording the incident and notifying the Police. Although it is not mandatory for each hospital to publish its own operational instructions/guidelines on missing patients, each hospital is expected to put in place necessary measures to ensure the proper care of each patient.

Practices

12. Except for special clinical reasons and special categories of patients in custody, a patient is free to move within hospital premises and is often encouraged to do so to facilitate recuperation. HA hospitals would monitor the movement of patients through checks by nurses before medication/treatment and during meal times, head count conducted before handing over to the next shift and ward rounds by medical officers.

13. When a patient is found or reported missing, hospitals will activate the missing patient protocol according to their operational guidelines and procedures for handling missing patients. Though the protocol or timespan is not identical for all HA hospitals, it includes searching the ward and its vicinity, informing the hospital security officer, reporting to the ward manager and the attending doctor, contacting family or next-of-kin, reporting to

the Police, documenting the incident and closing the case.

Observations and Opinions

14. From our investigation, we have some observations and views -

Definition

(a) The four definitions have been devised by HA hospitals, based on their perception and handling experience of patients found or reported missing. Different hospitals adopt different definitions resulting in inconsistency and inaccuracy of information.

Method of Counting

(b) Lack of uniformity of counting is the result of diversity in definition and interpretation of "missing patients". Methods of counting missing patients are inconsistent - (b)(i) counting "episodically" and (b)(ii) "individually".

Reporting to Police

(c) There are HA guidelines and guidance, issued in 1995 and 1999 respectively, on seeking Police assistance. The decision whether or not to report a case to the Police would be for the staff concerned to make, based on their clinical judgement and assessment of the patient as well as the circumstances at that particular time.

Closing Cases

(d) There is no uniform timespan to close missing patient cases after their occurrence.

Individual hospitals close cases after different periods of time. Some hospitals use a benchmark, 24 hours or 48 hours.

Keeping Statistics

(e) There are two sources of missing patient data - one from HA's computerised data warehouse and the other from hospital manual records. We have found a substantial difference in the two sets of data. For the same 24 months from 1 June 1999 to 31 May 2001, HA's computerised data warehouse captured 2,992 cases and hospital manual records 6,486 incidents - a difference of 3,494 incidents.

Preventive Measures

(f) A hospital is a place for medical treatment and recuperation. HA maintains to strike a balance between monitoring patient movement and respecting patients' personal freedom and rights. Hospital staff would exercise their clinical judgement in determining this balance and in implementing appropriate measures to minimise the risk of patients disappearing from hospitals.

Patient and Family Responsibilities

(g) Patient and family have responsibilities in reducing the risk of patients missing from hospitals. They should cooperate in complying with hospital conditions, rules and regulations.

Conclusions

15. On the basis of our investigation, this Office has the following conclusions -

(a) There is no standard definition of missing patients for adoption HA-wide;

(b) There is no uniform method of counting missing patients HA-wide;

(c) There is no uniform practice among HA hospitals in reporting missing patients to the Police;

(d) There is inconsistency in missing patient data and records maintained by HAHO and individual hospitals; and

(e) There are no guidelines and procedures for hospital staff to take suitable measures for minimising the risk of patients disappearing from hospitals.

Recommendations

16. The Ombudsman has made 14 recommendations to HA -

Definition and Method of Counting

(a) To standardise the definition of "missing patient" across HA hospitals;

(b) To devise a formal definition of patients "at risk" to enable staff across HA hospitals to take appropriate precautions;

(c) To standardise the method of counting missing patients across HA hospitals;

Handling of Missing Patients

(d) To review and update HA guidelines and procedures for handling missing patients and to require HA

hospitals to put in place operational instructions and guidelines for application;

(e) To standardise the procedures and practices HA-wide for reporting cases of missing patients to hospital management and to family;

(f) To examine the existing measures taken by hospital staff in minimising the risk of patients disappearing from hospitals and to formulate relevant guidelines and procedures for staff;

(g) To enhance staff awareness and vigilance in handling patients "at risk";

(h) To enhance guidance for patients and family to impress upon them the need for compliance with hospital rules and regulations;

(i) To review and update the guidelines on seeking Police assistance after a specified timespan, say normally 24 hours after disappearance (as usual for Police cases) and less for patients "at risk";

(j) To standardise the procedures and practices HA-wide for reporting cases of missing patients to the Police for assistance;

(k) To standardise the timespan for closing a case (i) after thorough search; and (ii) report to the Police;

Management Information

(l) To introduce measures for accurate and consistent management information on missing patients;

(m) To designate a unit in HAHO to coordinate and

collate records of missing patients HA-wide; and

Review

(n) To review arrangements for handling missing patients regularly and to revise them when appropriate in the light of changing circumstances and community expectations.

Final Remarks

17. We are delighted that HA sees eye to eye with this Office the community's legitimate expectations of HA taking proper precautions for the safe care of patients, particularly those "at risk". HA has accepted all our 14 recommendations and undertakes to implement them fully in three to four months.

\- End -

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Legend of Abbreviations

CMC	Caritas Medical Centre
DAMA	Discharge with Acknowledgement of Medical Advice
HA	Hospital Authority
HAHO	Hospital Authority Head Office
IPAS	Integrated Patient Administration System
KCH	Kwai Chung Hospital
KWH	Kwong Wah Hospital
PYNEH	Pamela Youde Nethersole Eastern Hospital
PWH	Prince of Wales Hospital
PMH	Princess Margaret hospital
QMH	Queen Mary Hospital
TMH	Tuen Mun Hospital
UCH	United Christian Hospital

1

INTRODUCTION

BACKGROUND

1.1 In June and August 2001, a number of reports of patients missing from hospitals run by the Hospital Authority (HA) gave rise to much community concern. This Office, therefore, conducted a preliminary assessment on the subject. The findings brought to light administrative deficiencies in HA procedures and practices for handling missing patients. For public interest and patient safety, The Ombudsman decided to initiate a direct investigation under section 7(1)(a)(ii) of The Ombudsman Ordinance (Cap. 397). The Chief Executive of HA was notified on 1 September 2001. A press announcement was issued on 28 September 2001.

PURPOSE AND AMBIT

1.2 This direct investigation aims to -

(a) examine the existing administrative procedures and practices for handling in-patients reported or found missing from HA hospitals;

(b) ascertain the adequacy and effectiveness of (a) above; and

(c) assess the need, if any, for improvement.

METHODOLOGY

1.3 For this investigation, we have -

(a) examined relevant information, documents and statistical data of HA and HA hospitals;

(b) discussed with relevant officials and staff of HA;

(c) visited two HA hospitals and one private hospital; and

(d) studied cases of patients missing from HA hospitals.

We have also taken reference from the HA's internal audit report, dated September 2001, on hospital security and the "Report on the Management of Missing Patients in HA Hospitals" issued by the Hospital Authority Head Office (HAHO) Working Group[1] in June 2002.

REPORT

1.4 The investigation report in draft was sent to HA

[1] The HAHO Working Group was formed in response to the recommendations of HA's internal audit report entitled " An Audit of the Management of Hospital Security" dated September 2001. The HAHO Working Group comprised a Senior Executive Manager (Nursing) as the chairperson, 10 members from HAHO and nine members from HA hospitals. It held seven meetings from October 2001 to June 2002.

for comments on 4 November 2002. This final investigation report, incorporating HA's comments and our concluding remarks, was issued on 26 November 2002.

2

MISSING PATIENTS

INTRODUCTION

2.1 HA, established on 1 December 1990 under the Hospital Authority Ordinance (Cap. 113), manages all public hospitals in Hong Kong. It is an independent statutory organization accountable to the Government through the Secretary for Health, Welfare and Food, who is responsible for formulating health policies and monitoring the performance of HA.

2.2 HA now manages a Head Office, 44 public hospitals/institutions, 49 specialist outpatient clinics and 15 general outpatient clinics. Some major indicators reflecting the huge operation of HA hospitals are as follows -

For the year 2001/02	*No.*
Hospital beds (as at 31.3.02)	29 022
In-patient discharges and deaths	
general	892 400
infirmary	3 630
mentally ill	13 490
mentally handicapped	510
Total:	910 030

For the year 2001/02	*No.*
Day patient discharges and Deaths	
general	303 400
infirmary	10
mentally ill	130
mentally handicapped	30
Total:	303 570
Specialist out-patient attendances	
Total:	8 461 500
Accident and emergency attendances	
Total:	2 594 700

Source: Estimates for the year ending 31 March 2003, Volume 1B - General Revenue Account, pages 403-404.

For 2002/2003, HA's recurrent expenditure budget from Government, net of income, is almost $30 billion.

2.3 Massive in operation, one of the most important missions of HA is to meet the different needs and demands of our community for public hospital services and improve the hospital environment.

A KEY SECURITY ISSUE

2.4 The safe care of patients is a key issue for HA hospitals. Missing patients are, in turn, a key concern. For

HA, in-patients found missing is by far the largest category of security incidents reported in HA hospitals. During the 24 months from 1 June 1999 to 31 May 2001, there were 6,486 reports of patients missing from 40 HA hospitals. In nine cases, the patient was later found dead.

2.5 Our community has legitimate expectations of HA taking proper precautions for the safe care of patients throughout their hospitalisation.

REASONS FOR MISSING

2.6 A hospital is, of course, for medical treatment and recuperation, not for detention of patients. HA hospitals are, therefore, designed to offer an open environment for patients and their movement within the hospital compound is understandably unrestricted. It is not uncommon for patients to leave their ward. This sometimes gives rise to alert or alarm and reports of "missing" patients.

2.7 There are many reasons for patients "missing" from hospitals, for example -

(a) leaving to attend to personal matters;

(b) bored and leaving to have tea or other recreational activities with friends;

(c) leaving to get illicit drugs to relieve addiction; and

(d) leaving without notification upon regaining consciousness from drunkenness or drug overdose.

HOSPITAL RESPONSIBILITIES

2.8 HA hospitals have responsibility for the safety and well-being of patients in their care for treatment or recuperation, particularly those "at risk" -

(a) infants;

(b) young children or mentally retarded or impaired children regardless of age;

(c) patients whose mental incapacity may impose a danger to themselves or others, e.g. patients who are confused, demented or have suicidal tendency; and

(d) patients whose clinical conditions are such that continuous medical intervention is needed otherwise patient's life may be at stake.

2.9 HA acknowledges a patient's right and freedom to leave the hospital even against medical advice and the importance of not to "over-police" patients. HA considers it important to have measures in place to guard against patients from going "missing". However, it is not for the hospitals to "police" patients as this may invoke criticism of infringing upon personal liberties. HA has, therefore, tried to strike a balance between monitoring patients and allowing them to exercise their right to leave the hospital. Subject to assessment of the individual circumstances of a particular

patient, hospital staff would, where necessary, exercise their clinical judgement to determine this balance and consider appropriate measures for minimising the risk of patients from going "missing", including -

(a) advising, on admission to hospital, procedures for home leave;

(b) reminding patients of the need for keeping ward staff informed should they decide to leave the ward;

(c) advising ward staff to be alert to the patients assessed to be "at risk" from going "missing" and ensuring the message is passed on to ward staff of the next shift during hand-over;

(d) assigning the "particular" risky patients to beds near the nurses' station;

(e) arranging escort for the "particular" risky patients required to leave the ward for other departments/hospitals; and

(f) assessing regularly patients for ground parole in psychiatric hospitals to monitor their suitability for continued ground parole.

PATIENT RESPONSIBILITIES

2.10 Patients have rights and responsibilities, as set out in HA's Patients' Charter (**Annex 1**). This explains the rights and responsibilities of patients using the services of HA hospitals. The Charter sets out the ways for the community and hospitals to work together as partners in a positive and open relationship to enhance the effectiveness of the health care process.

2.11 Patients have the right to participate in the treatment decision or to refuse treatment altogether. HA has no right or power to detain a patient against his own wishes.

2.12 On the other hand, patients have the responsibilities -

(a) to give the health care provider as much information as possible about their present health, past illness, any allergies and any other relevant details;

(b) to follow the prescribed and agreed treatment plan and conscientiously comply with the instructions given; and

(c) to show consideration for the rights of other patients and health care providers, by following hospital rules for patient conduct.

2.13 Similarly, the family and relatives of patients are expected to abide by hospital rules and conditions. Although

the Charter is advisory in nature, HA expects patients and their families to abide by hospital rules and regulations. They should cooperate with the hospitals while receiving medical care and treatment. They are expected not to leave the hospital without notifying the ward staff or the doctor.

DEFINITION

2.14 HA has no standard definition of "missing patient". Four definitions are adopted by HA hospitals, as follows -

(a) patients who discharge themselves or are found missing without prior notice to ward staff and cannot be located;

(b) patients who discharge themselves or are found missing without prior notice to ward staff and cannot be located, resulting in reports to the Police;

(c) patients who discharge themselves (walk away in the presence of medical/ward staff) without signing the Discharge with Acknowledgement of Medical Advice (DAMA) form; and

(d) despite persuasion, patients who refuse to return after home leave.

2.15 **Annex 2** lists the HA hospitals adopting the different definitions of missing patients, distributed as follows -

Definition Adopted	*No. of Hospitals*[2]
(a)	26
(b)	20
(c)	6
(d)	2

Most hospitals have adopted the first two definitions - 26 and 20 hospitals using definition (a) and (b) respectively. 28 hospitals have adopted only one definition, either (a) or (b). Another eight, two and one hospitals used two, three and four definitions respectively.

METHOD OF COUNTING

2.16 HA has no uniform method of counting missing patients. Three methods are adopted by HA hospitals, as follows -

(a) by the number of discharges coded as "missing" in the Integrated Patient Administration System;

(b) by the number of patients found missing based on the particular definition adopted by the hospital and -

(i) counting "episodically", i.e. the same patient may disappear more than once during hospitalisation and each time is

[2] See note (C) and (D) of Annex 2.

counted; or

(ii) counting "individually", i.e. the same patient is counted only once regardless of the number of disappearances during each stay.

2.17 **Annex 3** lists the HA hospitals adopting the various methods of counting missing patients, distributed as follow -

Counting Method Adopted	*No. of Hospitals*[3]
(a)	5
(b)(i)	30
(b)(ii)	5

A total of 30 hospitals go by method (b)(i). It is, therefore, the most widely adopted method. 38 hospitals adopt only one counting method - four, 29 and five hospitals used method (a), (b)(i) and (b)(ii) respectively. One hospital adopts two methods of counting missing patients, both method (a) and (b)(i).

STATISTICS AND FIGURES

2.18 With the existing definitions and methods of counting missing patients described in paragraphs 2.14 and 2.16, HA hospitals recorded an average of about 3,000 missing patients a year and a total of 9,541 during the past three years. HA statistics show that missing patients numbered 6,486 for the 24 months from 1 June 1999 to

[3] See note (C) and (D) of Annex 3.

31 May 2001 (**Annex 4**) and 3,055 for the 12 months from 1 June 2001 to 31 May 2002 (**Annex 5**).

3

MECHANISM FOR HANDLING MISSING PATIENTS

INTRODUCTION

3.1 Proper and prompt handling of missing patients would help minimise risks to them. This is particularly true for patients "at risk" (para. 2.8).

3.2 HA adopts an approach of decentralized management with Hospital Chief Executives being held responsible for the management of their respective hospitals. The HAHO provides leadership and support through provision of policies and guidance such as HA Security Policy and Guidelines, including the handling of missing patients.

GUIDELINES AND PROCEDURES

3.3 HAHO issues guidelines and procedures for handling missing patients. Although it is not mandatory for each hospital to publish its own operational instructions/guidelines on missing patients, each hospital is expected to put in place necessary measures to ensure the proper care of each patient.

Medico-Legal Guidelines

3.4 Guidelines directly related to the handling of missing patients are contained in Section C Item II(1) of the Manual on Handling of Medico-Legal Issues in Hospital, issued in 1995 and last revised in 1999 by the HAHO. This set of guidelines (**Annex 6**) contains suggestions on the handling of missing patients such as searching for the patient, contacting family members/relatives, reporting to the medical officer on duty, recording the incident and notifying the Police. Individual hospitals are expected to implement the relevant guidance set out in the HAHO's guidelines and to include hospital-specific information such as telephone number, requisite hospital forms, contact data for the security unit, as well as requirements for reporting the incident. Samples of guidelines drawn up by individual hospitals are at **Annex 7**.

3.5 There are other guidelines and procedures, not directly relevant to, but having some bearing on, the handling of missing patients. These are described below.

Admission

3.6 On admission, patients are provided with an admission pamphlet advising patients not to leave the ward without permission. Therefore, patients should not leave the hospital without the permission of a doctor. However, there is no consequence for patients if they fail to comply. A sample of a hospital pamphlet, distributed to patients on admission, is at **Annex 8**.

Home Leave

3.7 If a patient is considered not medically fit for discharge but wishes to recuperate at home on a temporary basis, he may apply for home leave. Depending on the medical condition of the patient, the doctor may approve home leave. The patient has to sign a home leave form (**Annex 9**) for agreeing to return to the hospital on the specified date.

Discharge with Acknowledgement of Medical Advice

3.8 On admission, patients are advised of relevant hospital rules and regulations including the requirement to inform nurses/ward staff if they wish to leave the hospital. To discharge against medical advice, a patient is asked to sign an undertaking, DAMA form at **Annex 10**. A patient is never forced to sign it. In 2000, HA issued guidelines on the DAMA form (**Annex 11**) highlighting the proper attitude expected of the medical staff when handling a patient who prefers to be discharged. They should explore the patient's motive for refusing treatment, correct any misunderstanding, advise the risks of non-treatment and offer other appropriate alternative treatment options.

3.9 If a patient does not wish to sign the DAMA form but decides to leave, HA hospitals would classify the patient as "walk away" or "missing" patient.

Patients "At Risk"

3.10 Certain categories of patients such as those "at risk" (para. 2.8) - whose life may be at risk if medical treatment is disrupted, or who are unable to make rational

decisions due to young age or mental incapacity, or who pose a risk to themselves or others - require special attention on admission.

3.11 In 1995, HAHO issued guidelines for dealing with psychiatric patients, violent patients and patients with suicidal tendency. This set of guidelines is spelt out in Section D Item D2(1) of the Manual on Handling of Medico-Legal Issues in Hospital.

3.12 On prevention of and response to infant/child abduction, HAHO issued guidelines to hospitals in late 1997. The relevant guidelines were updated in early 2001.

Request for Police Assistance

3.13 HA issued guidelines in 1995 (Section C Item II(1) of the Manual on Handling of Medico-Legal Issues in Hospital) and provided further guidance to hospitals in 1999 on seeking Police assistance for handling missing patients. When a patient is found missing, the hospital should seek Police assistance as soon as possible, but not later than 48 hours, to locate the patient's whereabouts if he is likely to injure himself or others or the patient is a child unable to protect himself. When a patient is missing but unlikely to cause injury, then the hospital can seek Police assistance after 48 hours.

PRACTICES

3.14 Except for special clinical reasons and special categories of patients in custody, a patient is free to move

within hospital premises and is often encouraged to do so to facilitate recuperation.

3.15 HA hospitals would monitor the movement of patients through checks by nurses before medication/treatment and during meal times, head count conducted before handing over to the next shift and ward rounds by medical officers. Staff should inform the ward manager if a patient is found or reported missing.

3.16 Although it is not mandatory for individual hospitals to establish guidelines and procedures for handling missing patients, most hospitals have operational instructions/guidelines for activating the missing patient protocol.

Activation of Protocol

3.17 When a patient is found or reported missing, hospitals will activate the missing patient protocol according to their operational guidelines and procedures for handling missing patients. Though the protocol or timespan is not identical for all HA hospitals, it includes searching the ward and its vicinity, informing the hospital security officer, reporting to the ward manager and the attending doctor, contacting family or next-of-kin, reporting to the Police, documenting the incident and closing the case.

Diversity of Perception and Counting

3.18 As mentioned in paragraphs 2.14 - 2.15, individual hospitals have different perception of and adopt different definition for patients found or reported missing.

Consequently, hospitals differ in their method of counting missing patients. This makes for inconsistency and inaccuracy of data.

3.19 There are two different approaches to counting. Most hospitals adopt the "episodic" approach, counting each and every disappearance during a patient's stay with the hospital. Some hospitals go for the "individual" approach, counting each patient only once regardless of the number of times found or reported missing during hospitalisation.

Reporting to Police

3.20 There is no uniform practice adopted by hospitals in reporting incidents of missing patient to the Police. Not all disappearances are reported to the Police. For the 24 months from 1 June 1999 to 31 May 2001, 6,486 incidents were recorded by HA hospitals and 52.5% or about 3,400 incidents were brought to the notice of the Police.

Closing Cases

3.21 HA hospitals would close missing patient cases after varying periods of time (e.g. after 24 hours or after 48 hours) under the following circumstances -

(a) the patient returned to the ward;

(b) the patient walked away in the presence of hospital staff against medical advice;

(c) the patient refused to return for treatment after being contacted;

(d) the patient was subsequently admitted to another hospital or institution;

(e) the patient was arrested by the Police; or

(f) the patient could not be found.

Recording Incidents

3.22 HA hospitals record missing patient incidents manually. There is no case file for missing patient incidents. In general, individual hospitals record incidents in log books, missing patient reports and the relevant patient's medical record.

Keeping Statistics

3.23 There are two sources of missing patient data. HAHO maintains records of missing patients in its computerised "data warehouse". HA hospitals keep their own "manual records".

3.24 Because of the different methodology adopted, the two sets of data do not tally. HAHO collects computerised data on the number of patients discharged from the hospitals coded as "missing" in the Integrated Patient Administration System. On the other hand, HA hospitals collate manually records of missing patients either episodically or on individual basis.

Preventive Measures

3.25 The existing practice is for hospital frontline,

such as medical and nursing, staff to exercise their judgement for minimising the risk of patients disappearing from hospitals. Such staff would assess the individual circumstances of patients (e.g. patients "at risk") and take appropriate measures to prevent them from going missing. The preventive measures currently in use are detailed in paragraph 2.9.

AUDIT AND WORKING GROUP

3.26 In mid-2001, HA initiated an internal audit on the management of hospital security. In its audit report completed in September 2001, HA found that missing patients constitute by far the largest category of security incidents reported in hospitals.

3.27 The audit team recommended setting up a working group to further examine the arrangements for handling missing patients. The working group, with the terms of reference at **Annex 12**, held seven meetings in the nine months from October 2001 to June 2002.

3.28 In June 2002, the working group completed its review with a report on the handling of missing patients by HA hospitals. The report put forward recommendations on four areas -

(a) standard definition of missing patient;

(b) preventive/improvement measures for minimising missing patient;

(c) staff vigilance on in-patients with suicidal risk; and

(d) staff training.

The report concluded that "HA is committed to reducing the occurrence of and minimising the risk of patient going missing." HA envisages adoption of those recommendations to assist hospitals to achieve better management of missing patients.

4

OBSERVATIONS AND OPINIONS

4.1 We have examined the information, documents and statistical data available from HA and HA hospitals. We have also studied 25 cases of missing patients randomly drawn from eight HA hospitals (**Annex 13**). From our investigation, we have some observations and views.

DEFINITION

4.2 There is no standard definition of "missing patients". The four definitions have been devised by HA hospitals, based on their perception and handling experience of patients found or reported missing. Different hospitals adopt different definitions resulting in inconsistency and inaccuracy of information.

4.3 Most hospitals adopt definition (a) or (b) at paragraph 2.15. They all treat patients as "missing", who discharge themselves or disappear without giving notice and those who cannot be located.

4.4 A few hospitals would still treat patients as missing even though they are aware of their whereabouts. Six hospitals include patients who discharge themselves or walk away in the presence of medical/ward staff without signing the DAMA form; and two hospitals include patients who refuse

to return to the hospital after home leave.

4.5 We are of the opinion that patients whose whereabouts is known should not be taken as "missing".

4.6 In any case, HA should standardise the definition of missing patients across all hospitals. This would facilitate ease of data-collation and, above all, accuracy of statistics. It would also make for comparative analysis where appropriate and cross-reference of procedures and practices.

METHOD OF COUNTING

4.7 Lack of uniformity of counting is partly the result of diversity in definition and interpretation of "missing patients" (paras. 3.18 - 3.19). Methods (b)(i) and (b)(ii) in paragraph 2.15 of counting missing patients are inconsistent. Most hospitals (30) use the "episodic" method, counting each and every disappearance of the same patient. On the other hand, five hospitals go by the "individual" method, counting the same patient only once, however many disappearances.

4.8 To ensure accuracy and consistency of data, we consider that HA should formulate a uniform counting method for all HA hospitals.

REPORTING TO POLICE

4.9 There are HA guidelines and guidance, issued in 1995

and 1999 respectively, on seeking Police assistance (para. 3.13). However, HA hospitals have no uniform practice in reporting missing patient incidents to the Police. Of the 25 cases we studied, the Police was not informed in nine cases drawn from four hospitals. We also note that, out of 6,486 incidents recorded by HA hospitals during the 24 months from 1 June 1999 to 31 May 2001, 52.5% or about 3,400 incidents were brought to the notice of the Police (para. 3.20). That means that 47.5% or about 3,000 incidents were not reported to the Police.

4.10 HA explains that the decision whether or not to report a case to the Police would be for the staff concerned to make, based on their clinical judgement and assessment of the patient as well as the circumstances at that particular time. Considerations would include whether the patient is capable of some degree of self-care (e.g. an infant or child or patient suffering from dementia), whether the patient is a threat to self or others, whether the patient has an inclination or a history for leaving the ward without prior notice.

4.11 HA should examine the existing practices of individual hospitals in reporting missing patients to the Police and review the relevant guidelines and procedures for seeking Police assistance. We consider that HA should aim to standardise practices HA-wide.

CLOSING CASES

4.12 We find that there is no uniform timespan to close missing patient cases after their occurrence (para. 3.21).

Individual hospitals close cases after different periods of time. Some hospitals use a benchmark, 24 hours or 48 hours.

4.13 We consider that HA should put in place standard procedures for all HA hospitals to close cases after a specified timespan upon activating the missing patient protocol such as thorough search for the missing patient, contacting the patient's relative/next-of-kin and reporting to the Police.

KEEPING STATISTICS

4.14 We note that there are two sources of missing patient data - one from HA's computerised data warehouse and the other from hospital manual records. These two sets of data do not match (para. 3.24).

4.15 In fact, we have found a substantial difference in the data recorded by the two sources. For the same 24 months from 1 June 1999 to 31 May 2001, HA's computerised data warehouse captured 2,992 cases and hospital manual records 6,486 incidents - a difference of 3,494 incidents.

4.16 HA attributes the difference to its data warehouse collecting statistics on the number of patients discharged from hospital and coded as "missing" in the Integrated Patient Administration System. HA hospitals manually collate records of missing patients "episodically" or "individually". HAHO does not regard those as missing patients who walk away in the presence of hospital staff or discharge themselves without signing the DAMA forms. However, some HA hospitals do. In addition, HA hospitals maintain all records of missing

patients, while HAHO keeps only statistics of cases reported to the Police.

4.17 We understand HA has problems in collecting data from HA hospitals, given their use of different definitions and different counting methods. HA should designate a unit in HAHO for coordinating and collating accurate and consistent missing patient records HA-wide.

PREVENTIVE MEASURES

4.18 A hospital is a place for medical treatment and recuperation. HA maintains that it has to strike a balance between monitoring patient movement and respecting patients' personal freedom and rights. HA stresses that it is for hospital staff to exercise their clinical judgement in determining this balance and in implementing appropriate measures to prevent patients from going missing (para. 2.9).

4.19 From the case studies (para. 4.1 and **Annex 13**), we find that there are no guidelines and procedures governing hospital frontline staff to take suitable measures for minimising the risk of patients disappearing from hospitals. In this connection, we are particularly concerned over patients "at risk" (paras. 2.8 and 3.10). For these patients, frontline staff should raise their vigilance, focus more closely and take precautions. However, we find that HA does not have a formal definition of patients "at risk".

4.20 On taking preventive measures, we consider that HA should formulate proper guidelines and procedures for HA-wide application. HA should also devise a formal definition of

patients "at risk" to put hospital staff on early alert.

PATIENT AND FAMILY RESPONSIBILITIES

4.21 Patient and family have responsibilities in reducing the risk of patients missing from hospitals. We consider that patient and family should cooperate in complying with hospital conditions, rules and regulations.

5

CONCLUSIONS AND RECOMMENDATIONS

GENERAL

5.1 A hospital is not a place of detention. Given patient rights and freedom, HA and its hospitals certainly have a difficult task in striking a delicate balance. This has not been helped by the diversity of definitions and methods of counting, and related procedures and practices.

5.2 We consider that both hospitals and patients themselves have mutual responsibility to minimise the risk of missing patients. On the one hand, HA and its hospitals should take all reasonable steps to ensure the safety of patients during their stay with a hospital. On the other hand, patients have the obligation to respect hospital rules and regulations, including the requirement to give notice before leaving the hospital.

CONCLUSIONS

5.3 On the basis of our investigation, this Office has the following conclusions -

(a) There is no standard definition of missing

patients for adoption HA-wide;

(b) There is no uniform method of counting missing patients HA-wide;

(c) There is no uniform practice among HA hospitals in reporting missing patients to the Police;

(d) There is inconsistency in missing patient data and records maintained by HAHO and individual hospitals; and

(e) There are no guidelines and procedures for hospital staff to take suitable measures for minimising the risk of patients disappearing from hospitals.

RECOMMENDATIONS

5.4 Against this background, The Ombudsman has made the following recommendations to HA -

Definition and Method of Counting

(a) To standardise the definition of "missing patient" across HA hospitals (paras. 4.2 and 4.6);

(b) To devise a formal definition of patients "at risk" to enable staff across HA hospitals to take appropriate precautions (paras. 4.19

and 4.20);

(c) To standardise the method of counting missing patients across HA hospitals (paras. 4.7 and 4.8);

Handling of Missing Patients

(d) To review and update HA guidelines and procedures for handling missing patients and to require HA hospitals to put in place operational instructions and guidelines for application (paras. 3.3 and 3.4);

(e) To standardise the procedures and practices HA-wide for reporting cases of missing patients to hospital management and to family (paras. 3.4 and 3.17);

(f) To examine the existing measures taken by hospital staff in minimising the risk of patients disappearing from hospitals and to formulate relevant guidelines and procedures for staff (paras. 3.25 and 4.20);

(g) To enhance staff awareness and vigilance in handling patients "at risk" (paras. 4.19 and 4.20);

(h) To enhance guidance for patients and family to impress upon them the need for compliance with hospital rules and regulations (paras. 2.13 and 4.21);

(i) To review and update the guidelines on seeking Police assistance after a specified timespan, say normally 24 hours after disappearance (as usual for Police cases) and less for patients "at risk" (para. 3.13);

(j) To standardise the procedures and practices HA-wide for reporting cases of missing patients to the Police for assistance (para. 4.11);

(k) To standardise the timespan for closing a case (i) after thorough search; and (ii) report to the Police (paras. 3.21 and 4.13);

Management Information

(l) To introduce measures for accurate and consistent management information on missing patients (paras. 3.18 and 4.15);

(m) To designate a unit in HAHO to coordinate and collate records of missing patients HA-wide (para. 4.17); and

Review

(n) To review arrangements for handling missing patients regularly and to revise them when appropriate in the light of changing circumstances and community expectations.

6

FINAL REMARKS

6.1 We have carefully considered HA's comments and suggestions for textual amendment and incorporated them into the report, where appropriate. We highlight below the major comments and views from HA together with our response.

MAJOR COMMENTS AND VIEWS

6.2 HA is pleased that our recommendations are not at variance with those of its working group on the handling of missing patients. HA has advised that the hospitals have already started new procedures. HA envisages that the recommendations of its working group together with those in our investigation report will be fully implemented by the first quarter of 2003.

6.3 We are delighted that HA sees eye to eye with this Office the community's legitimate expectations of HA taking proper precautions for the safe care of patients, particularly those "at risk", throughout their hospitalisation. There is, therefore, a need for improving the arrangements for handling missing patients.

6.4 We appreciate HA's timely response to our draft report and are glad to see HA accepting all our

14 recommendations with an undertaking to implement them fully in three to four months.

EPILOGUE

6.5 On a final note, The Ombudsman sees that given the complex operations of 40 hospitals, HA faces considerable difficulties in coordinating and collating missing patient information and data HA-wide. Of the ten rounds of questions this Office raised between June 2001 and September 2002, HA has taken an average of 25 days to reply on each occasion. HA requested extension for two weeks on four occasions and one week on two occasions, resulting in extra time of 89 days. This, we believe, has inevitably prolonged our process of investigation.

6.6 The Ombudsman wishes to be kept informed of progress on the implementation of the recommendations and any major changes in policy, procedures and practices. We will follow up with HA half-yearly.

6.7 Lastly, The Ombudsman expresses her appreciation for the co-operation and assistance rendered by staff of HA Head Office and its hospitals throughout this investigation. We are also grateful for the views from some hospitals.

Office of The Ombudsman
Ref. OMB/WP/14/1 S.F. 95
November 2002

ANNEXES

Annex	Title	Paragraph
1	Patients' Charter	2.10
2	Definition of Missing Patients	2.15
3	Method of Counting Missing Patients	2.17
4	Missing Patients Recorded by HA Hospitals (1 June 1999 - 31 May 2001)	2.18
5	Missing Patients Recorded by HA Hospitals (1 June 2001 - 31 May 2002)	2.18
6	Guidelines for Handling of Missing Patients - Section C Item II(1) of the Manual on Handling of Medico-Legal Issue in Hospital	3.4
7	Samples of Individual Hospitals' Guidelines for Handling Missing Patients	3.4
8	A sample of Hospital's Admission Pamphlet	3.6
9	Home Leave Form	3.7
10	Discharge With Acknowledgement Of Medical Advice (DAMA) Form	3.8
11	Guidelines On Discharge With Acknowledgement Of Medical Advice (DAMA)	3.8
12	Terms of Reference for the Working Group on the Handling of Missing Patients	3.27
13	Summary of 25 Cases of Missing Patient Incidents	4.1

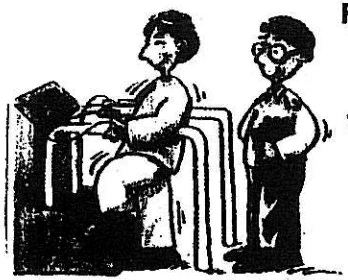
Annex 1

Patients Charter
Published by Hospital Authority

RESPONSIBILITIES

Give your health care providers as much information as you can about your present health, past illnesses, any allergies and any other relevant details.





Follow the prescribed and agreed treatment plan, and conscientiously comply with the instructions given.

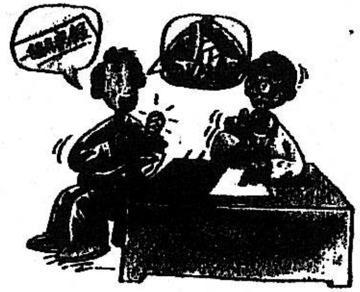
Show consideration for the rights of other patients and health care providers, by following the hospital rules concerning patient conduct.





Keep any appointments that you make, or notify the hospital or clinic as early as possible if you are unable to do so.

Should not ask health care providers to provide incorrect information, receipts or certificates.





Should not waste medical resources unnecessarily.

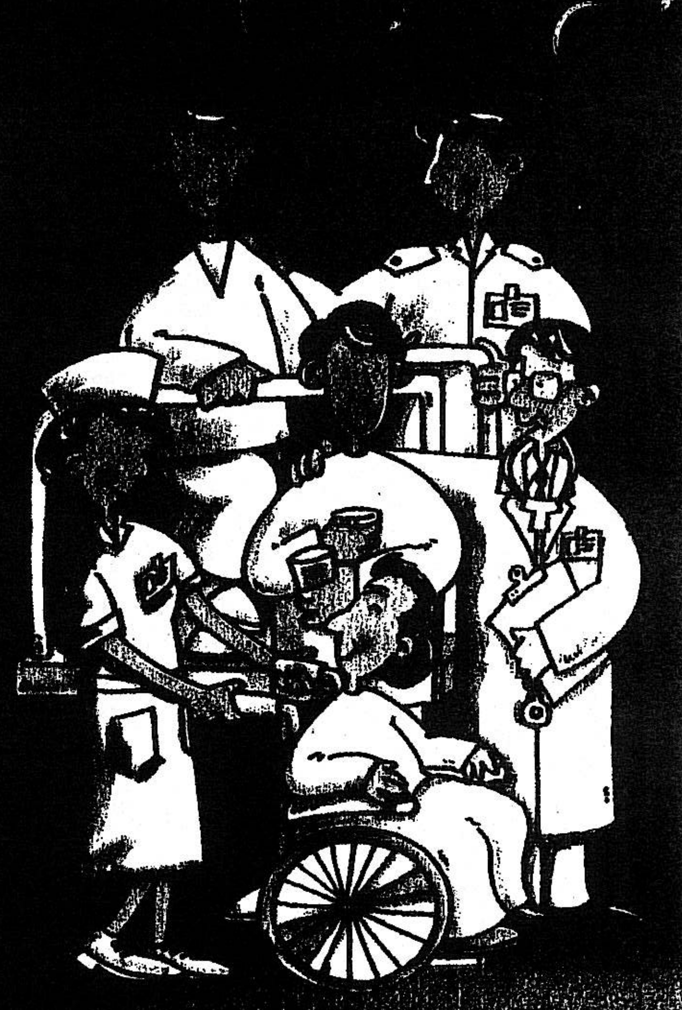
For any comments or suggestions, please call:

2882 4866

HA InfoNet ; http://www.ha.org.hk

Published by Hospital Authority HA-COR-00-11/1

PATIENTS' CHARTER



醫院管理局
HOSPITAL AUTHORITY

The purpose of the Patients' Charter is to explain both your Rights and Responsibilities when you use the services of any of Hong Kong's public hospitals. Knowing and understanding your rights and responsibilities will make your relationship with health care providers a mutually beneficial one.

The Charter sets out the ways in which the community and the hospitals work as partners in a positive and open relationship with a view to enhancing the effectiveness of the health care process.

RIGHTS

Right to Medical Treatment



The right to receive medical advice and treatment which fully meets the currently accepted standards of care and quality.

The currently accepted standards are those adopted by a responsible body of the profession in the light of accepted contemporary medical practice.

Right to Information



The right of information about what health care services are available, and what charges are involved.

This information should be readily available to you in the hospitals.



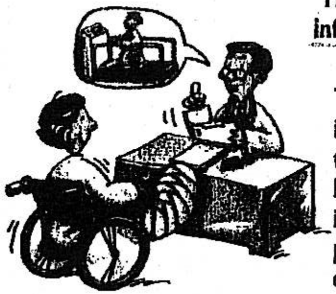
The right to be given a clear description of your medical condition, with diagnosis, prognosis (i.e. an opinion as to the likely future course of any illness), and of the treatment proposed including common risks and appropriate alternatives.

You have the right to information which might affect the decisions concerning your treatment.

The right to know the names of any medication to be prescribed, and its normal actions and potential side-effects given your condition.



Drug labelling has been fully implemented in all public hospitals since 1994. This provides information on medicines being prescribed to you.



The right of access to medical information which relates to your condition and treatment.

This right enables you to participate in decisions relevant to your treatment and facilitates continuity of health care. Provision of the information will be according to the practices and operational procedures of hospitals.

Right to Choices

The right to accept or refuse any medication, investigation or treatment, and to be informed of the likely consequences of doing so.



Your wishes to accept or refuse medication, treatment or investigation will be respected. However, you should have a clear understanding of the implications of such refusal.



The right to a second medical opinion.

In public hospitals you are in fact being looked after by a team of clinicians and therefore enjoy the benefit of medical opinion from more than one medical practitioner. But if you feel the need to seek another opinion from practitioners in the private sector, you have the right to do so on your own initiative outside the public hospital system.

The right to choose whether or not to take part in medical research programmes.



Your written consent is required for you to take part in any medical research programmes conducted by public hospitals. All aspects of such programmes will be clearly explained to you beforehand.

Right to Privacy



The right to have your privacy, dignity and religious and cultural beliefs respected.

Your personal belief and wishes will be respected provided the observance is not at the expense of other patients or health care providers' rights. Due to historical reasons, there are varying standards of facilities and physical settings in different hospitals. But every effort will be made to meet minimum standards to protect your privacy.

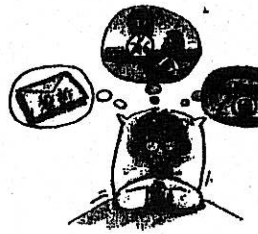
The right to have information relating to your medical condition kept confidential.



In general, medical information pertaining to your conditions will not be released to other parties without your expressed consent.

Right to Complaint

The right to make a complaint through channels provided for this purpose by the Hospital Authority, and to have any complaint dealt with promptly and fairly.



At every hospital or clinic, there is a Patient Relations Officer to whom you can make formal complaints either verbally or in writing. The complaints will be investigated and followed up by appropriate personnel. You will receive a substantive reply to any complaint within a reasonable period of time, together with an indication of any action that has been or will be taken.

責任

應向醫療護理人員
詳盡地提供你的健康
狀況、過往曾患的疾病、
敏感症及其他有關詳情。





應遵從醫生提出並經你
同意的治療程序，
及有關指示。

應顧及其他病人及
醫院職員的權利，
應遵守醫院所訂定的規則。





應準時應診，如不能
依期赴診，應盡早通知
有關醫院或診所。

不應要求醫療護理
人員提供不正確的
資料、收據或病假證明書。





不應隨便浪費醫療資源。

如有任何意見或建議，請電

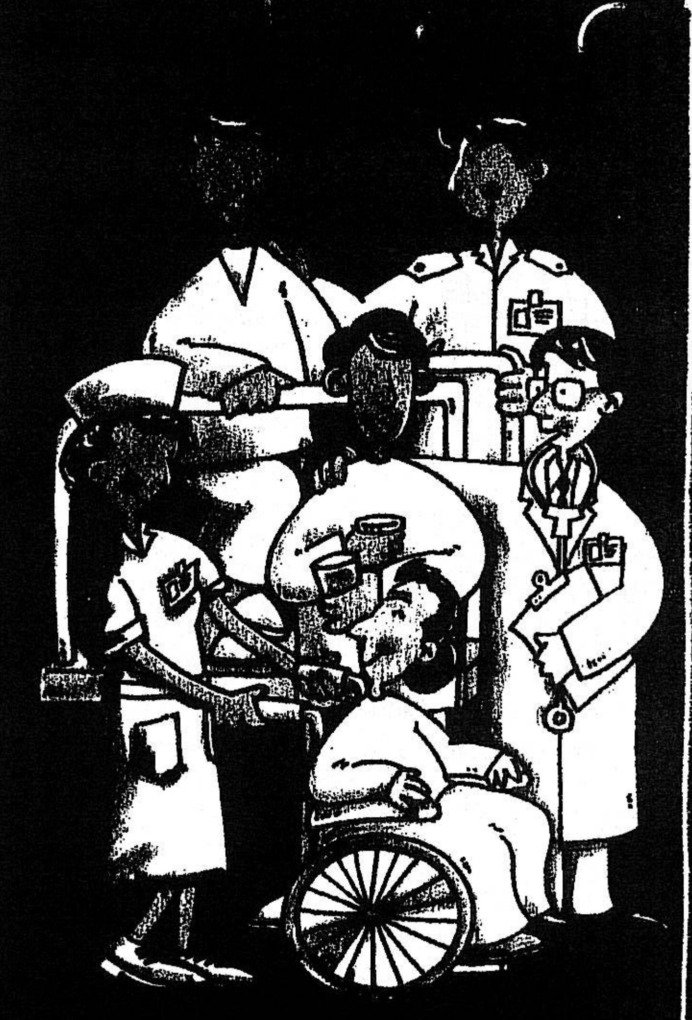
2882 4866

醫管局資訊網：http://www.ha.org.hk

醫院管理局公共事務部設計製作 9/98

Appendix 6

病人約章



醫院管理局
HOSPITAL AUTHORITY

***病**人約章的目的，是向市民解釋使用公立醫院服務時應有的權利及責任。了解自己的權利與責任，對於你和醫療護理人員的關係，相得益彰。*

病人約章列出社區與醫院如何藉着積極及開明的夥伴關係，促進醫療護理的成效。

權利

醫治權



有權得到符合現時認可標準的醫療服務。

認可標準的醫療服務，是以目前醫療專業團體所採納的標準為根據。

知情權

有權知道醫院管理局提供的醫療護理服務資料及收費。



你可以在醫院內取得有關各項資料。



有權清楚知道你的病情、診斷、病情發展、治療計劃，包括常見的問題及其他可行的療法。

你有權知道任何可能會影響你的醫治決定的資料。

有權知道處方藥物的名稱，以及藥物在你的情況下會發揮的正常作用及可能產生的副作用。



由一九九四年開始，各公立醫院已全面推行藥物標籤制度，使你可以獲得處方藥物的資料。

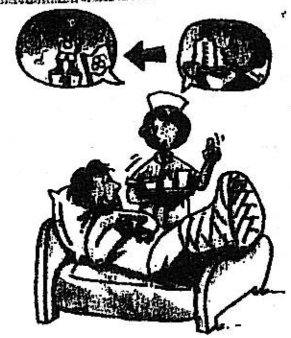


有權獲知有關你的病情及治療方面的資料。

這個權利是讓你能夠參與和你的治療有關的決定，與及方便日後的治療及康復。醫院會按照本身工作程序而提供醫療報告。

決定權

有權接受或拒絕任何藥物、檢驗或療法，並獲知所作決定可能引起的後果。



你的意願將會受到尊重。但是，你亦應清楚了解拒絕治療後所構成的危險或損害。



有權徵詢其他醫生的意見。

在公立醫院接受治療，你是由一組臨床醫生照料，可以得到超過一位醫生提供的專業醫療意見。但如你覺得需要尋求私家醫生的意見，是有權在公立醫院體制外自行徵詢該意見。

有權選擇是否參與醫學研究計劃。



醫院方面，必須事先取得你的書面同意才會請你參與公立醫院所進行的醫學研究計劃。院方亦須事前向你清楚解釋研究計劃各方面的詳情。

私隱權

有權就個人的私隱權、尊嚴、宗教信仰及文化信念獲得尊重。



你的個人信仰及意願，在不損害其他病人或醫護人員權利的情況下，是會獲得尊重的。由於過去不同因素，各間醫院的設備及環境都不相同，但各醫院會盡量保障病人獲得最低限度的私隱權。

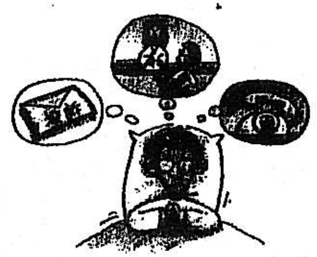
有權得到院方將你的病情資料保密。



在正常的情況下，有關你的病情資料，在未經你的同意下，院方不會向他人透露。

申訴權

有權向醫院管理局提出申訴，並得到迅速及公允的處理。



每間醫院或診所均設有病人聯絡主任，處理你以口頭或書面作出的正式投訴，並由適當的人員進行調查和跟進。醫院方面會在合理的時間內，就你的投訴，作出答覆，並說明已採取或將採取的行動。

Definition of Missing Patients Adopted by HA Hospitals

	Hospitals	*Definition* [Note (A)]
1	Alice Ho Miu Ling Nethersole Hospital	a
2	Bradbury Hospice	a
3	Caritas Medical Centre	a
4	Castle Peak Hospital	a, b
5	Cheshire Home, Chung Hom Kok	a, b
6	Cheshire Home, Shatin	b
7	Duchess of Kent Children's Hospital	b
8	Fung Yiu King Hospital	a
9	Grantham Hospital	a, b, c, d
10	Haven of Hope Hospital	a
11	Hong Kong Buddhist Hospital	a
12	Hong Kong Eye Hospital	a, c
13	Kowloon Hospital	b
14	Kwai Chung Hospital	a, b
15	Kwong Wah Hospital	a, c
16	Lai Chi Kok Hospital [Note (B)]	b
17	MacLehose Medical Rehabilitation Centre	a
18	Nam Long Hospital	b
19	North District Hospital	b
20	Our Lady of Maryknoll Hospital	b
21	Pamela Youde Nethersole Eastern Hospital	a
22	Pok Oi Hospital	a, b, c
23	Prince of Wales Hospital	b
24	Princess Margaret Hospital	a
25	Queen Elizabeth Hospital	b
26	Queen Mary Hospital	b
27	Ruttonjee & Tang Shiu Kin Hospitals	a, c, d
28	Shatin Hospital	a, b
29	Siu Lam Hospital [Note (C)]	a, b
30	St. John Hospital	b
31	Tai Po Hospital	a
32	Tsan Yuk Hospital [Note (D)]	--
33	Tseung Kwan O Hospital	a
34	Tuen Mun Hospital	b, c
35	Tung Wah Eastern Hospital	a
36	Tung Wah Hospital	a
37	United Christian Hospital	a
38	Wong Chuk Hang Hospital	b
39	Wong Tai Sin Hospital	a
40	Yan Chai Hospital	a

Note (A)

a. Patients who discharge themselves or are found missing without prior notice to ward staff and cannot be located.

b. Patients who discharge themselves or are found missing without prior notice to ward staff and cannot be located, resulting in reports to the Police.

c. Patients who discharge themselves (walk away in the presence of medical / ward staff) without signing the Discharge with Acknowledgement of Medical Advice (DAMA) form.

d. Despite persuasion, patients who refuse to return after home leave.

Note (B)

Lai Chi Kok Hospital had been converted into a long stay care home with effect from 1 August 2001. The hospital provides integrated residential medical and psychosocial rehabilitation services for patients with chronic mental diseases. Services of LCKH are subvented by the Social Welfare Department. To better reflect the services provided, the hospital had been renamed as LCKH HACare Home.

Note (C)

Siu Lam Hospital was put under the management of Castle Peak Hospital since 1 September 2001. The definition and counting method of Castle Peak Hospital was followed.

Note (D)

Tsan Yuk Hospital was put under the management of Queen Mary Hospital since 1 October 2000. The Hospital had been transformed into a community health services centre providing outpatient/day services since 4 November 2001. All patients requiring admission will be admitted to Queen Mary Hospital.

Method of Counting Missing Patients Adopted by HA Hospitals

Hospitals		*Counting Method* [Note (A)]
1	Alice Ho Miu Ling Nethersole Hospital	b(i)
2	Bradbury Hospice	b(i)
3	Caritas Medical Centre	b(i)
4	Castle Peak Hospital	b(ii)
5	Cheshire Home, Chung Hom Kok	a
6	Cheshire Home, Shatin	b(i)
7	Duchess of Kent Children's Hospital	b(ii)
8	Fung Yiu King Hospital	b(i)
9	Grantham Hospital	b(i)
10	Haven of Hope Hospital	b(i)
11	Hong Kong Buddhist Hospital	b(i)
12	Hong Kong Eye Hospital	a
13	Kowloon Hospital	b(i)
14	Kwai Chung Hospital	b(i)
15	Kwong Wah Hospital	b(i)
16	Lai Chi Kok Hospital [Note (B)]	b(i)
17	MacLehose Medical Rehabilitation Centre	b(ii)
18	Nam Long Hospital	b(i)
19	North District Hospital	b(i)
20	Our Lady of Maryknoll Hospital	b(ii)
21	Pamela Youde Nethersole Eastern Hospital	b(i)
22	Pok Oi Hospital	a, b(i)
23	Prince of Wales Hospital	b(i)
24	Princess Margaret Hospital	b(i)
25	Queen Elizabeth Hospital	a
26	Queen Mary Hospital	b(i)
27	Ruttonjee & Tang Shiu Kin Hospitals	b(i)
28	Shatin Hospital	b(i)
29	Siu Lam Hospital [Note (C)]	b(ii)
30	St. John Hospital	b(i)
31	Tai Po Hospital	b(i)
32	Tsan Yuk Hospital [Note (D)]	--
33	Tseung Kwan O Hospital	b(i)
34	Tuen Mun Hospital	b(i)
35	Tung Wah Eastern Hospital	b(i)
36	Tung Wah Hospital	b(i)
37	United Christian Hospital	b(i)
38	Wong Chuk Hang Hospital	b(i)
39	Wong Tai Sin Hospital	a
40	Yan Chai Hospital	b(i)

Note (A)

a. By the number of discharges coded as "missing" in the Integrated Patient Administration System (IPAS).

b(i). By the number of patient found missing based on the particular definition adopted by the hospital and counting "episodically", ie the same patient may disappear more than once during hospitalisation and each time is counted.

b(ii). By the number of patient found missing based on the particular definition adopted by the hospital and counting "individually", ie the same patient is counted only once regardless of the number of disappearances during each stay.

Note (B)

Lai Chi Kok Hospital had been converted into a long stay care home with effect from 1 August 2001. The hospital provides integrated residential medical and psychosocial rehabilitation services for patients with chronic mental diseases. Services of LCKH are subvented by the Social Welfare Department. To better reflect the services provided, the hospital had been renamed as LCKH HACare Home.

Note (C)

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Note (D)

Tsan Yuk Hospital was put under the management of Queen Mary Hospital since 1 October 2000. The Hospital had been transformed into a community health services centre providing outpatient/day services since 4 November 2001. All patients requiring admission will be admitted to Queen Mary Hospital.

Missing Patients Recorded by HA Hospitals
1 June 1999 - 31 May 2001

Hospitals		*Missing Patients*
1	Alice Ho Miu Ling Nethersole Hospital	78
2	Bradbury Hospice	2
3	Caritas Medical Centre	282
4	Castle Peak Hospital	114
5	Cheshire Home, Chung Hom Kok	0
6	Cheshire Home, Shatin	7
7	Duchess of Kent Children's Hospital	2
8	Fung Yiu King Hospital	5
9	Grantham Hospital	4
10	Haven of Hope Hospital	18
11	Hong Kong Buddhist Hospital	13
12	Hong Kong Eye Hospital	0
13	Kowloon Hospital	140
14	Kwai Chung Hospital	464
15	Kwong Wah Hospital	784
16	Lai Chi Kok Hospital [Note (c)]	0
17	MacLehose Medical Rehabilitation Centre	0
18	Nam Long Hospital	1
19	North District Hospital [Note (a)]	166
20	Our Lady of Maryknoll Hospital	16
21	Pamela Youde Nethersole Eastern Hospital	381
22	Pok Oi Hospital	30
23	Prince of Wales Hospital	120
24	Princess Margaret Hospital	371
25	Queen Elizabeth Hospital	443
26	Queen Mary Hospital	197
27	Ruttonjee & Tang Shiu King Hospitals	116
28	Shatin Hospital	74
29	Siu Lam Hospital	0
30	St. John Hospital	6
31	Tai Po Hospital	32
32	Tsan Yuk Hospital	8
33	Tseung Kwan O Hospital [Note (b)]	29
34	Tuen Mun Hospital	1,520
35	Tung Wah Eastern Hospital	1
36	Tung Wah Hospital	12
37	United Christian Hospital	825
38	Wong Chuk Hang Hospital	0
39	Wong Tai Sin Hospital	25
40	Yan Chai Hospital	200
Total		***6,486***

<u>Note (a)</u>

Since the Fanling Hospital had been put under the management of North District Hospital (NDH) since 1 November 1999 and ceased to provide in-patient service since 31 March 2000, the statistics on missing patients had been incorporated in the returns of NDH.

<u>Note (b)</u>

Tseung Kwan O Hospital was opened in June 1999 and became fully operated in April 2000.

<u>Note (c)</u>

Included in the returns of Kwai Chung Hospital.

Missing Patients Recorded by HA Hospitals
1 June 2001 - 31 May 2002

Hospitals		*Missing Patients*
1	Alice Ho Miu Ling Nethersole Hospital	59
2	Bradbury Hospice	0
3	Caritas Medical Centre	97
4	Castle Peak Hospital	31
5	Cheshire Home, Chung Hom Kok	0
6	Cheshire Home, Shatin	3
7	Duchess of Kent Children's Hospital	0
8	Fung Yiu King Hospital	5
9	Grantham Hospital	1
10	Haven of Hope Hospital	5
11	Hong Kong Buddhist Hospital	5
12	Hong Kong Eye Hospital	0
13	Kowloon Hospital	50
14	Kwai Chung Hospital	134
15	Kwong Wah Hospital	206
16	Lai Chi Kok Hospital [Note (c)]	0
17	MacLehose Medical Rehabilitation Centre	0
18	Nam Long Hospital	0
19	North District Hospital [Note (a)]	261
20	Our Lady of Maryknoll Hospital	9
21	Pamela Youde Nethersole Eastern Hospital	215
22	Pok Oi Hospital	6
23	Prince of Wales Hospital	78
24	Princess Margaret Hospital	95
25	Queen Elizabeth Hospital	145
26	Queen Mary Hospital	110
27	Ruttonjee & Tang Shiu King Hospitals	41
28	Shatin Hospital	38
29	Siu Lam Hospital	0
30	St. John Hospital	7
31	Tai Po Hospital	32
32	Tsan Yuk Hospital	0
33	Tseung Kwan O Hospital [Note (b)]	41
34	Tuen Mun Hospital	835
35	Tung Wah Eastern Hospital	0
36	Tung Wah Hospital	9
37	United Christian Hospital	429
38	Wong Chuk Hang Hospital	0
39	Wong Tai Sin Hospital	8
40	Yan Chai Hospital	100
Total		*3,055*

Note (a)

Since the Fanling Hospital had been put under the management of North District Hospital (NDH) since 1 November 1999 and ceased to provide in-patient service since 31 March 2000, the statistics on missing patients had been incorporated in the returns of NDH.

Note (b)

Tseung Kwan O Hospital was opened in June 1999 and became fully operated in April 2000.

Note (c)

Included in the returns of Kwai Chung Hospital.

DATE OF ISSUE: 18 JANUARY 1995

C. **SUGGESTIONS ON HANDLING MEDICO-LEGAL ISSUES IN HOSPITALS**

I. INTRODUCTION

This document puts forth suggestions on the handling of medico-legal issues that may arise in hospitals. These suggestions may be modified by each hospital as and when circumstances require. T.: "ospital may, if it so wishes, liaise with the HAHO Legal Liaison Officers/Cluster Managers on any matter contained in this document.

II. ITEMS THAT MAY BE RELATED TO THE POLICE

1. Handling of In-Patients

1.1 In-patient found missing from the ward

(a) Search over the ward area and the concerned floor by the ward staff, if in vain,

(b) Obtain assistance from the Hospital Foreman to search the Hospital compound, if still in vain,

(c) Contact the patient's family members/relatives to confirm whether the patient has returned home.

(d) If the patient has not returned home, report to MO and DOM/WM on duty/call.

(e) Notify A&E Department Police Station (if there is one).

(f) Submit written statement.

(g) Inform the police not later than 48 hours if satisfied that the patient is found missing, having taken the above steps. Then treat the matter as requiring no further action for the time being.

1.2 Walk-away patient

(i.e. Patients who leave the Hospital in the presence of medical/nursing staff without signing Discharge Against Medical Advice Form)

Annex 6

Guidelines for Handling of Missing Patients - Section C Item II(1) of the Manual on Handling of Medico-Legal Issue in Hospital

(a) Report to MO and DOM/WM on duty/call.

(b) Inform the patient's family members/relatives.

(c) Notify A&E Department Police Station, if necessary (such as where the patient is likely to injure himself or others).

(d) Record in the medical notes, then treat the matter as requiring no further action for the time being.

1.3 <u>Patient who does not return to Hospital after home-leave</u>

(a) Try to contact the patient or his/her family members by phone.

(b) Report to MO and DOM/WM on duty/call.

(c) If the patient refuses to come back or if he cannot be contacted, record it in the medical notes. Then treat the matter as requiring no further action for the time being.

2. Handling of Hospital Staff

2.1 <u>Hospital staff being threatened by patients/relatives verbally</u>

(a) Try to settle the dispute between the patient and the staff.

(b) If the staff involved regards the threats as serious, he may report to the police. He should obtain a copy of his statement taken by the police for record purposes.

(c) If other staff are involved, copies of their witness statements taken by the police should also be obtained for record purposes.

(d) Report to DOM/WM or Unit i/c on duty/call.

(e) Inform the HCE through the Patient Relations Officer.

(f) Submit incident report with copies of police statements.

2.2 <u>Hospital staff being assaulted by patients/relatives</u>

(a) Protect the staff who is being assaulted.

Samples of Individual Hospitals' Guidelines for Handling Missing Patients

1. Kwong Wah Hospital (KWH)
2. Pamela Youde Nethersole Eastern Hospital (PYNEH)
3. Prince of Wales Hospital (PWH)
4. Queen Mary Hospital (QMH)
5. Tuen Mun Hospital (TMH)
6. United Christian Hospital (UCH)
7. Caritas Medical Centre (CMC)
8. Princess Margaret Hospital (PMH)
9. Kwai Chung Hospital (KCH)

KWH

Hospital Security / Violence Audit - Missing Patient

1. When patient is found missing, ward staff will immediately report to SO.
2. Security guard arrives ward < 4 minutes.
3. Security guards search around hospital premises for the patient.
4. Security guards report back to ward < 1 hour.
5. Ward staffs use standard form & fax to police station. (Police advised to report missing patient cases after 3 hours.)
6. The police will make acknowledgement for missing patients.
7. If no further information, doctors will certify patient missing.

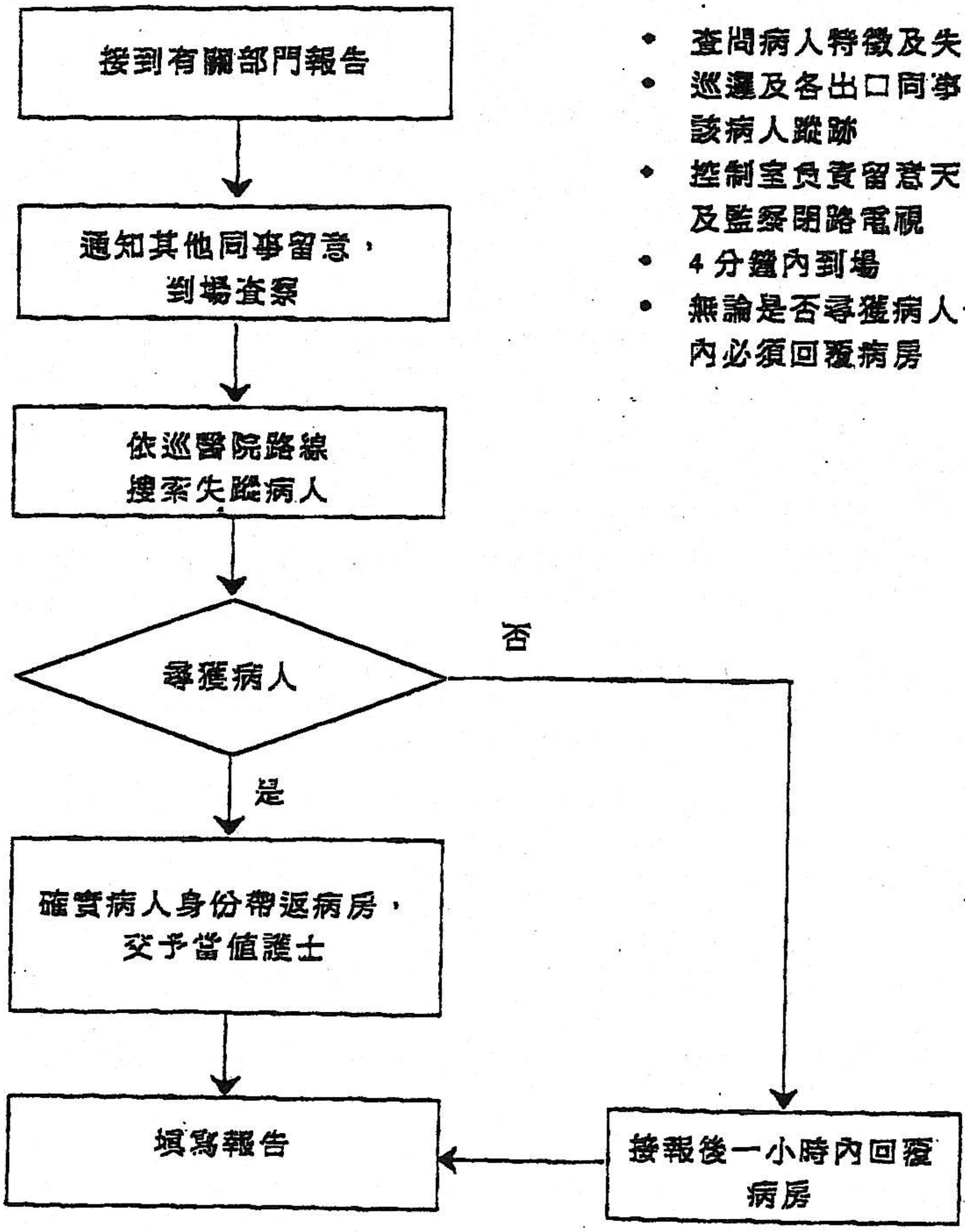
Inherent risks

- Patients have their own rights to leave hospitals.
- Because of the close locality to the city centre, patients are more prone to leave the hospital for wide range of activities from having meals to betting on horses.

Actions taken

- Ward staffs constantly remind patients to inform ward staff when leaving ward areas.
- A convenient store was established inside the hospital premises.

失蹤病人



- 查問病人特徵及失蹤時間
- 巡邏及各出口同事需留意該病人蹤跡
- 控制室負責留意天台出口及監察閉路電視
- 4 分鐘內到場
- 無論是否尋獲病人一小時內必須回覆病房

	PATIENT SAFETY *Management of Patient Found Missing*
Code : PS.03.1	Date : 20 February 1997
Useful Information : Chai Wan Police Station (2595 2200)	

1. Search ward and nearby area.

2. Check the patient's belongings are still in his / her bedside locker and rule out the possibility of self-discharge.

3. Inform Hospital Foreman to assist in the search.

4. Report the case to the responsible doctor and inform WM / DOM.

5. Contact the patient's family or next-of-kin to see if the patient has returned home. If the patient returned home, advise him / her to come back to hospital and complete the required procedures. If the patient has not returned home, inform the patient's family or next-of kin that the patient is missing.

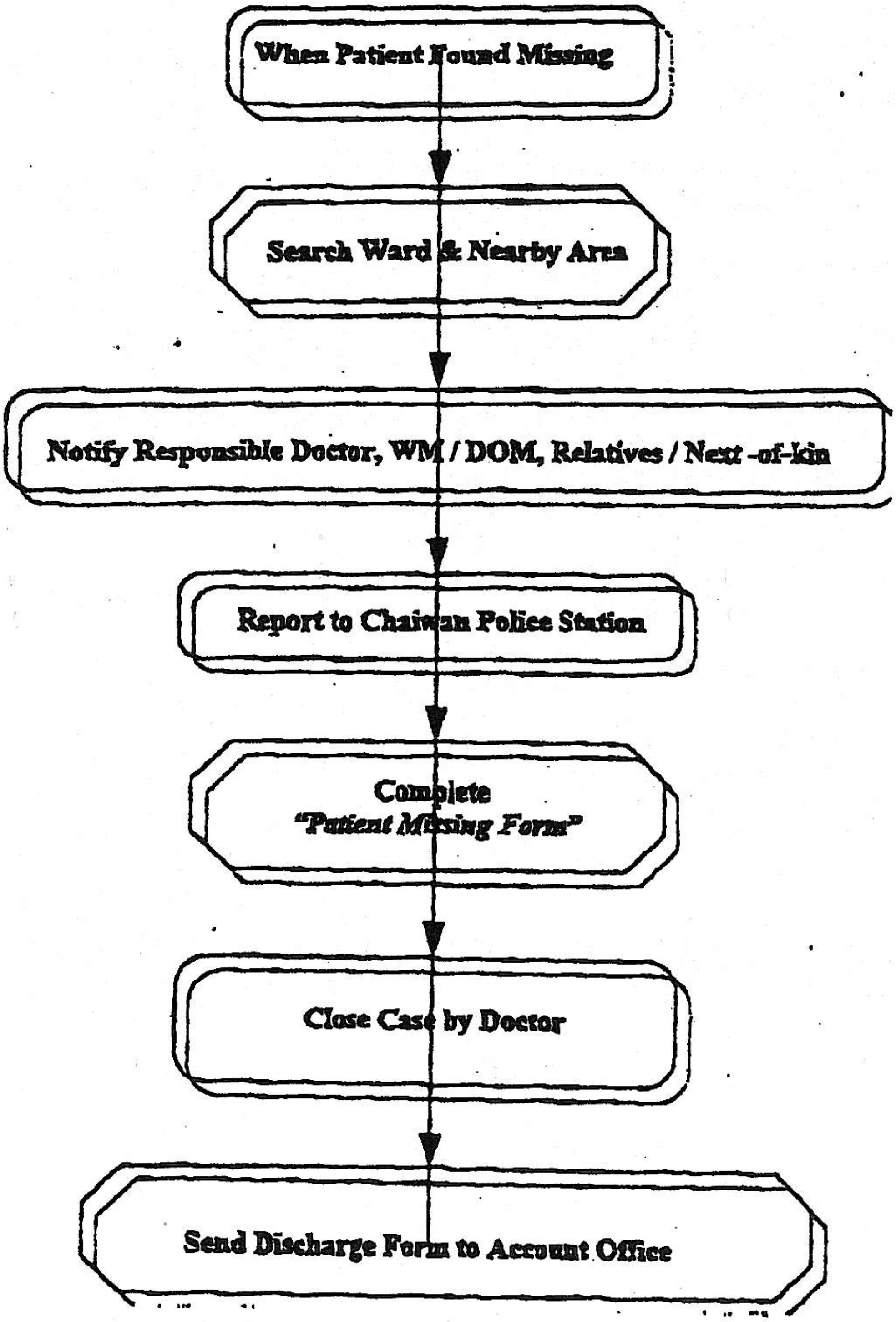
6. Report to Chaiwan Police Station at tel. no. 2595 2200 of the incident. Record the Police Station Report Book Registration Number (RB No.).

7. Document the incident and complete the *"Patient Found Missing Form"*.

8. If the patient is still missing after 24 hours, close case by doctor and send *"Discharge Form"* to the Account Office.

Pamela Youde Nethersole Eastern

Workflow Chart for Patient Found Missing



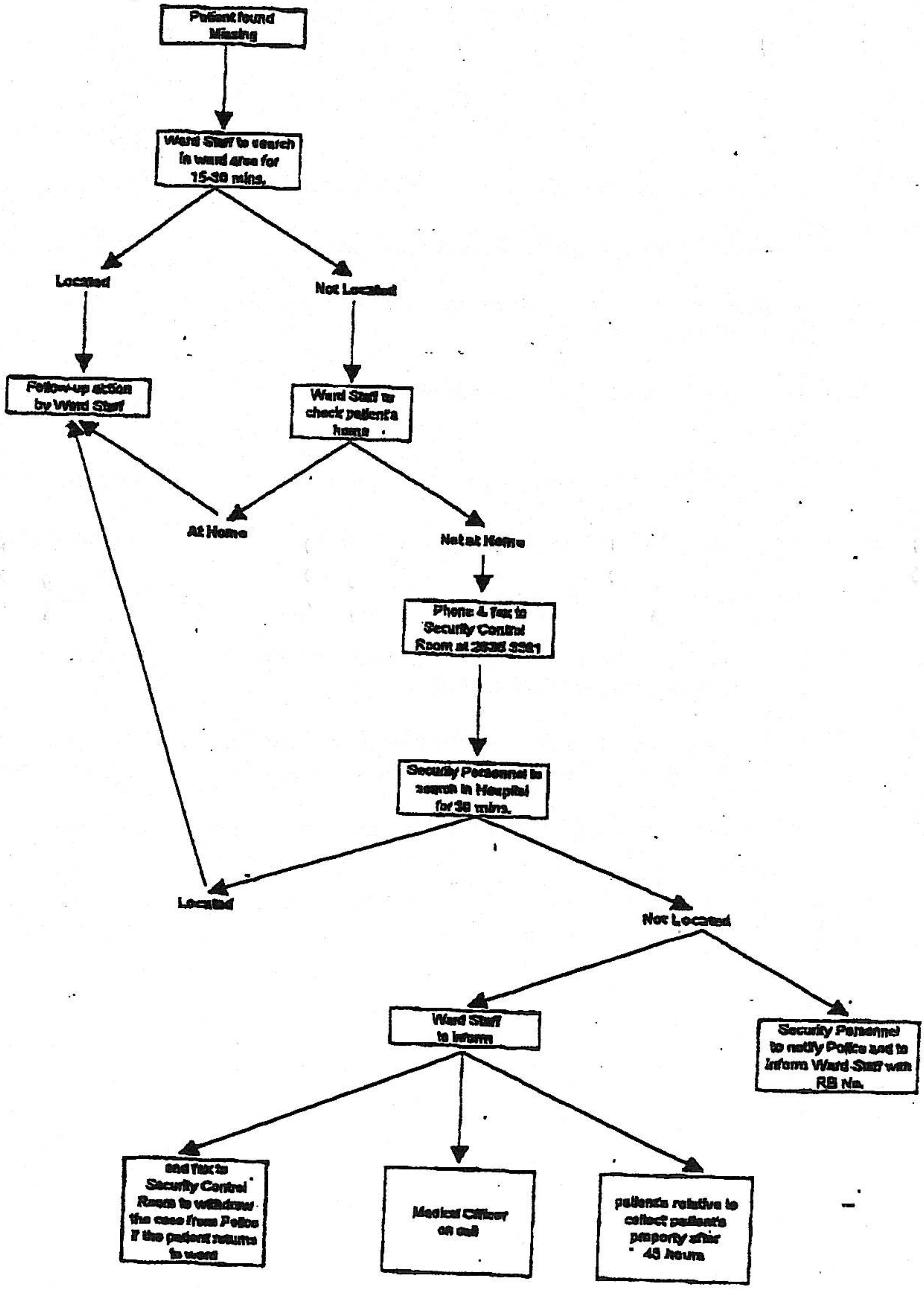
Pamela Youde Nethersole Eastern Hospital
Operations Management Committee (Nursing) © 1997
Operational Protocol/PATIENT SAFETY/patient found missing

PWH

Procedures on Handling Missing Patients in Wards

			Action
1.		To search the patient in the ward area for 15-30 minutes.	Ward Staff
2.		To check whether the patient has gone back home.	Ward Staff
3.		To fax relevant particulars to Security Office at 2635 3361with form SEC/002 or SEC/002a.	Ward Staff
4.		To search the patient within the Hospital compound for half an hour.	Security personnel
5.		If the patient could not be located, inform the police.	Security personnel
6.		To inform ward concerned with police case number.	Security personnel
7.		To inform medical officer on call.	Ward Staff
8.	i.	After 48 hours, inform patient's relative to collect any patient's property left at ward.	Ward Staff
	ii.	If the patient is found returning ward, ward staff inform the security office to withdraw the case from police.	Ward Staff/ Security personnel
9.		To fill the report (Form SEC/003) to Security Office for record purpose.	Ward Staff

FLOW CHART OF HANDLING MISSING PATIENTS IN WARDS

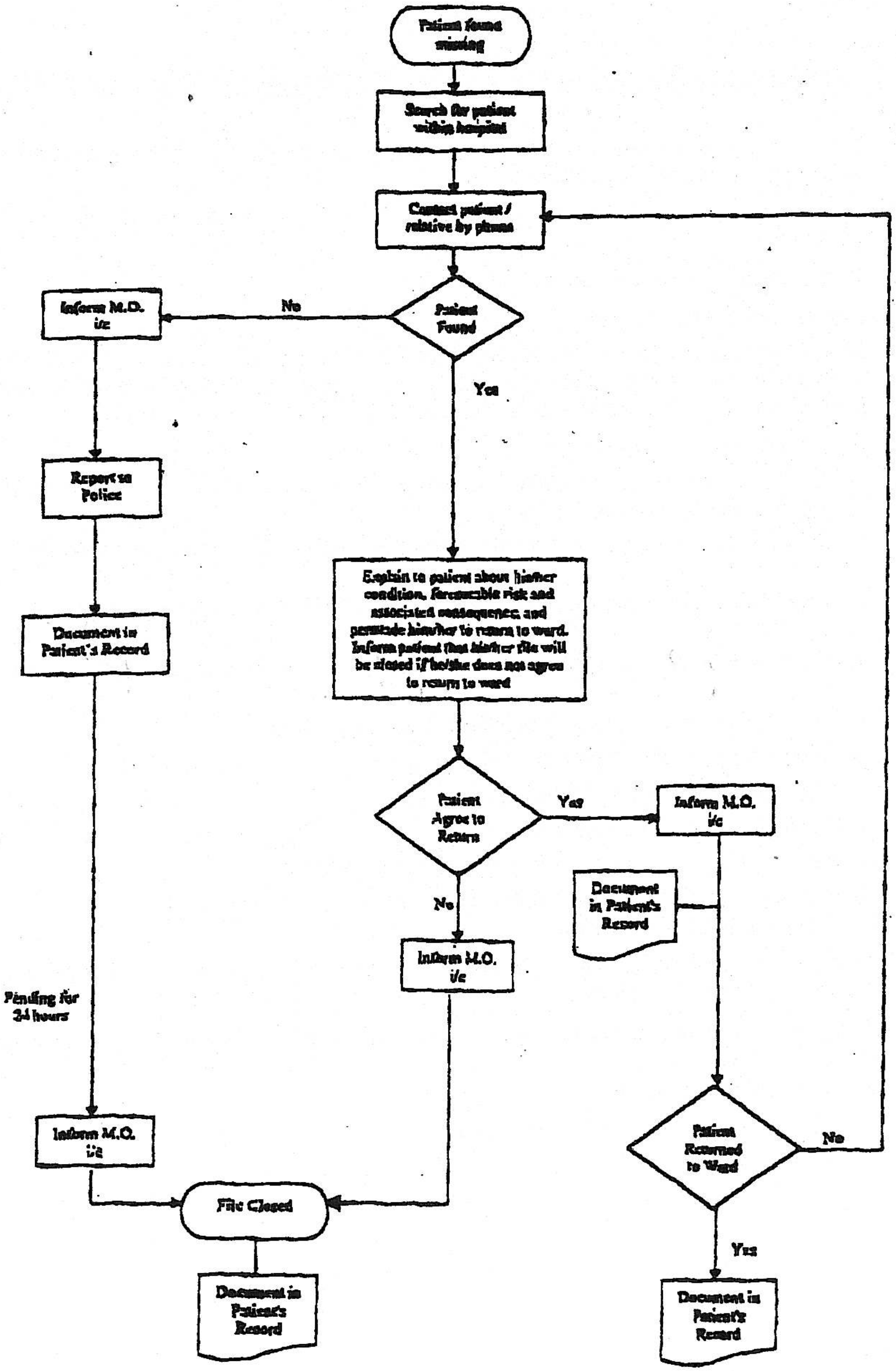


QMH

Procedures Guidelines on Patient Found Missing (Adult)

1. If any hospital staff suspect that a particular patient is missing, he/she should report the incident to the ward i/c immediately.
2. Check patient's locker for his/her personal belongings to rule out the possibility of self-discharge.
3. Contact patient/relatives by phone.
4. Search ward and nearby area.
5. Acquire assistance from Security Officer (Ext. 3263 or long range pager 7110 9866 A/C 9069) or Assistant Security Officer (Ext. 3896 or long range pager 7110 9866 A/C 9320), for searching of patient within hospital compound.
6. If patient can be contacted/found:
   a) Explain to patient about his/her condition, foreseeable risks and consequences; persuade him/her to return to ward.
   b) Inform patient that his/her file will be closed if he/she does not agree to return to ward.
   c) If patient clearly expressed his/her intention of self-discharge, ask the patient to sign the DAMA form.
   d) If patient is unwilling or unable to sign the DAMA form, document in Patient Kardex B.
   e) Inform relative/next of kin of the patient about the incident.
   f) Inform medical officer in-charge and close case.
7. If patient cannot be contacted/found:
   a) Inform medical officer in-charge.
   b) Inform relative/next of kin of the patient about the incident.
   c) Report to the Western District Police Station via telephone (2859 4200).
   d) Document in patient's record.
   e) Close the case after 24 hours from the time the patient was found missing and document in patient's record.
8. If the patient can be contacted and he/she agreed to return but did not turn up within a reasonable timeframe:
   a) Contact the patient again.
   b) Provide assistance/advice as appropriate.
   c) Follow 7 d), e).

Flowchart on Handling of Patient Found Missing



TMH

(A) **ITEMS RELATED WITH POLICE DEPARTMENT**

A.1 **Handling of in-patients:-**

A.1.1 **Found missing from ward**

A.1.1.1 Search over ward area and the concerned floor by ward staff, if in vain.

A.1.1.2 Invite assistance from Hospital foreman to search hospital compound, if still in vain.

A.1.1.3 Contact patient's home/relatives to confirm whether patient has returned home.

A.1.1.4 Report to M.O. & D.O.M./W.M. on duty/call.

A.1.1.5 Notify TMH A&E Department Police Station.

A.1.1.6 Submit written statement.

A.1.1.7 Close case after 48 hours, ensuring that the police has been informed.

A.1.2 **Walk-away**
(in front of medical or nursing staff without signing DAMA)

A.1.2.1 Report to M.O. & D.O.M./W.M. on duty/call.

A.1.2.2 Inform patient's home/relatives.

A.1.2.3 Notify TMH A&E Department Police Station if necessary.

A.1.2.4 Submit written statement.

A.1.2.5 Close case after 48 hours.

基督教聯合醫院
UNITED CHRISTIAN HOSPITAL — 1

中央護理部

住院病人不知去向之處理

入住基督教聯合醫院各病室的人士，均屬自願住院接受醫療及護理，故各病室均採取開放措施，方便住院人士自由在院內合適地方行走。唯部分因心智未成熟或病情影響，其活動情況會較受工作人員關注。

特別受關注的住院人士：

1. 心智未成熟者。
2. 神智紛亂者。
3. 身體狀況不穩者。
4. 精神狀況不穩者。

懷疑上述類別住院人士不知去向時之處理：

1. 病室內尋找：
   有系統地搜尋病室各處（見附件一），包括對側病室。

2. 知會保安部協助在醫院外圍尋找（見附件二）。

3. 懷疑有人使用近接病室之走火通道時，知會保安協助搜索整幢樓梯（人力所限切勿濫用）。

4. 尋找未果，則知會家人：
   4.1 如該人士已返家者，請其回院繼續治療或辦理離院手續。

   4.2 如該人士尚未返家者：
      4.2.1 向家人解釋情況；
      4.2.2 要求家人協助查探該人士去向；及
      4.2.3 知會家人將會報警。

5. 報警求助。(失蹤病人如果有潛在危機，可能傷害自己及他人，病室同事應立即報警處理。任何病人如果失踪四十八小時仍未尋回，病室同事也應報警備案。同時，應報告部門運作經理，並將意外報告書送交護理總經理。)

6. 有關事項記錄在案。

日常保安措施：

保安組每日會巡查最少一次：

1. 醫院外圍各處。
2. 2, 3, 5, 6, 7, 8, 9 號樓梯，1 及 4 號樓梯則每日有多次巡查。

二〇〇一年六月廿日

病人失蹤

發現住院病人失蹤

↓

利用「尋找不知去向病人檢核表」在病房內及四周搜尋

↓

有需要時聯絡保安組協助在醫院範圍內搜尋

↓

聯絡家人/親屬以知蹤跡

↓

如仍不知病人所蹤，應通知當值病室經理及主診醫生

↙ ↘

若病人有潛在危機，會傷害自己或他人，應立即報警處理

如48小時內仍未有病人消息，即使病人沒有潛在危機，也應報警備案

↘ ↙

記錄事件於病歷及意外/特別事故報告書中；然後將意外報告書，經部門運作經理，呈交護理總經理

↓

聯絡家人，並將警方檔案編號(Reference No.)交給家人，以便跟進

↓

事件告一段落

若病人在醫護人員目睹下自行離去

↓

通知當值病室經理及主診醫生

↓

通知家人/親屬

↙ ↘

若病人有潛在危險，會傷害自己及他人，應報警處理

↓

將警方檔案編號(Reference No.)交給家人，以便跟進

若病人沒有潛在危險

↓

↘ ↙

記錄事件於病歷及意外/特別事故報告書中；然後將意外報告書，經部門運作經理，呈交護理總經理

↓

事件告一段落

若病人放假後沒有在約定時間回院

↓

電話聯絡病人/家人

↓

通知當值病室經理及主診醫生

↙ ↘

若聯絡不到病人，即使病人沒有潛在危機，也應報警備案

↓

將警方檔案編號(Reference No.)交給家人，以便繼續跟進

↓

記錄事件於病歷及意外/特別事故報告書中；然後將意外報告書，經部門運作經理，呈交護理總經理

↓

事件告一段落

若病人拒絕回院，記錄在病歷檔案

↓

報告部門運作經理

↓

事件告一段落

©基督教聯合醫院中央護理部
[illegible]分類二零零一年八月第三版

Caritas Medical Centre

Found Missing

** Record down the last seen patient time**

1. Instruct the nurse and ward attendant to find the patient within the hospital compound.
2. Inform the security guard to find the patient via the telephone operator.
3. Try to contact the patient by telephone or contact the relatives.
4. Inform doctor of the incident.
5. Inform I.C. e.g. unit N.O., W.M., or Night Sister.
6. Ask doctor whether it is necessary to report to police or not. But suicidal case, we can report to police first before inform doctor.
7. Write down a missing form (MR9020) about this incident, 3 copies are needed (ward, the patient's chart & CND) for record.
8. The incident should also write down on the daily nursing report too.

Procedure For Report To Police

⇒ Telephone to 27437862 / 27463312 / 27443217 C.S.W. police station.
⇒ Inform them a patient is found missing:
The time last seen, the name, sex, I.D. No., patient's address & telephone No., the feature of the patient is needed to report.
⇒ Ask the policeman's No. & the case No. of the report (R.B. No.).
⇒ Nurse's name & I.D. No. are necessary to report to police.
⇒ Inform A&E department there was a patient is missing.
⇒ Write down in daily nursing report.
⇒ Close case after 24 hours according to the time of informing police.
e.g. missing time 9am 1-1-98
inform police time 10am 1-1-98
i.e. close case time at 10am 2-1-98

STANDING PROCEDURE IN REPORTING TO POLICE

EVENTS / INCIDENTS THAT REQUIRE POLICE ASSISTANCE

-any attempting / attempted suicide in the hospital compound
-public disorder within the hospital compound
-outbreak of fire, natural disaster, etc.
-theft or burglary
-any events that is justified by the officer in-charge of the area to call the police for help

PROCEDURE

-EVENTS THAT REQUIRE *IMMEDIATE* POLICE ASSISTANCE

.Call 999 (not the reporting room of CSW police station or A&E counter)
.the call should be made by the in-charge in the immediate area
.record the time of reporting and the time of arrival of police
.record the record book or CCR number when available
* notify the general office for the incident that has been reported to police as soon as possible

-REPORT OF MISSING PATIENT

.the ward I/C calls the reporting room of the CSW police station
.give the description and profile of the patient at the last seen
.record the time and record book number
.document the incident
*notify the general office for the incident that has been reported to police as soon as possible

task force /5/94

Missing patient reported to police when :

1. Normal cases – could not be located by ward staff nor Hospital guard, then inform the police after 4 hours.
2. Cases required immediate reporting –

   Patient with suicidal idea.

   Patient with dementia.

   Patient with emotional unstable.

   Patient with unknown identity.

Missing patient with case close after 24 hours :

Patient walked away without notifying any staff and could not be contacted / located .

Missing patient with case close immediately and <u>**NO Need**</u> to report to police :

1. Patient refused to stay and walked away witnessed by staff.
2. Patient could be contacted / located by phone, but refused to come back.

The Emergency: *Response to Missing Child or Infant / Adduction*

Specifics: To find back the missing patient as early as possible

Resource Group: Site Supervisor, DOM concerned, COS, HCE

Contingency Action:

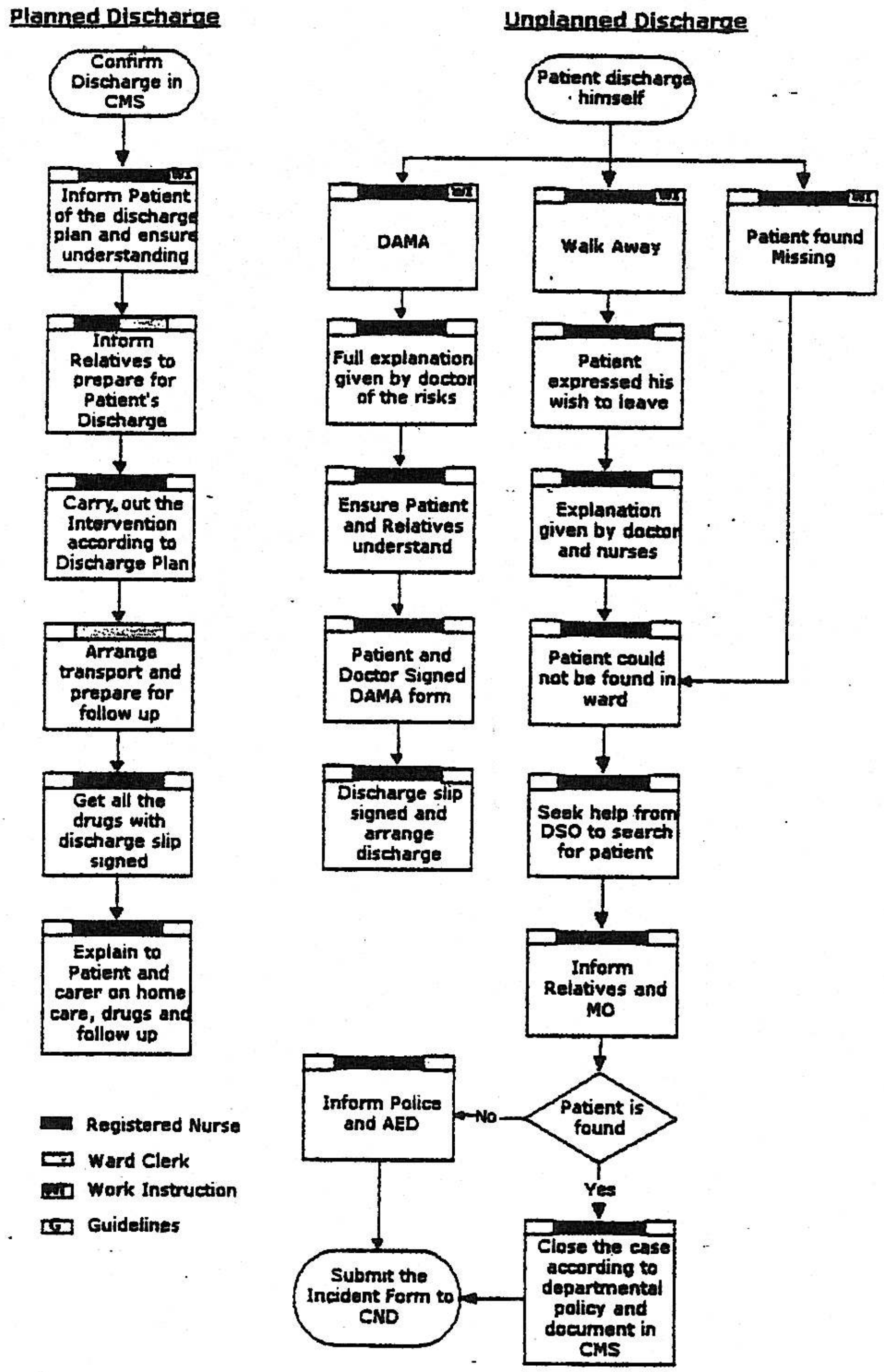
1. Search within the ward. (including side rooms, cupboards and lockers)
2. Inform Security Officer to search within hospital compound and watch out any suspicious personnel.
3. Make enquiry to parents / relatives.
4. Inform Doctor in-charge / COS.
5. Inform CSW Police Station (Social Welfare Dept. for adduction cases)
6. Inform Site Supervisor / 2nd call DOM / GM(N) / HCE

Princess Margaret Hospital

- Admission of Patient
- Confirm Patient's Identity (Ref. No. ADT-001)
- Orientation of Patient (Ref. No. ADT-003)
- Discharge of Patient
- Discharge Against Medical Advice (Ref. No. ADT-009)
- Patient Found Walk Away (Ref. No. ADT-010)
- Patient Found Missing (Ref. No. ADT-011)

Print

Discharge of Patient



Issue No.	1	Ref. No	ADT - 009	Rev. Date	4/00

Discharge Against Medical Advice

1. Patient expresses his / her intention of discharging himself / herself
2. Clear explanation is given by the Case MO the risks that the patient is taking
3. Make sure that the patient understands and assist him / her to develop a solution
4. Give patient the relevant information of his / her health condition
5. Advise patient / significant others to seek for medical treatment if condition deteriorate
6. Complete the DAMA form and proceed with the discharge process
7. Arrange transport for patient if required
8. Documents in CMS the details of the DAMA including patient's understanding, explanation given, patient's condition and advises given

Preparation Patient and Environment
Patient understands and is responsible for the risks before leaving the hospital

Responsibilities
The nurse is to ensure that the patient is informed of the consequences of DAMA

The nurse facilitates the patient to develop options of taking care of his / her health

Forms and Records
DAMA form (HA 56)

CMS (MR 1904/PM)

Outcome Standard
DAMA form is properly signed and discharge slip given

Patient and relatives are well informed of the outcomes of their decision

Accurate records are maintained

Equipment
N/A

Reference
N/A

Patient Found Walk Away

Before Patient Walk Away

1. Patient expressed his / her intention of leaving the hospital
2. Spend time talking to patient and explore his / her feelings of the disease and treatment
3. Assess patient's reaction and enter it in CMS
4. Inform MO, other staff and significant others the intention of the patient
5. Keep close observation of the patient's behaviour and mood

After Patient Found Walk Away

6. Search patient in the ward, toilets, corridor and areas around
7. Call Domestic Services Office to assist in searching for patient in hospital ground
8. Inform significant others and case MO of the incident
9. Inform AED of the walk away patient
10. Report the case to Cheung Sha Wan Police Station and collect the Report Book Number
11. Complete the Incident Form by the RN responsible of the case and send it to CND
12. Inform Police, AED, MO, DSO and patient's relatives if patient returns to ward
13. Document in CMS the details of the incident including patient's behaviour, remedial actions taken, time patient found walk away and subsequent actions taken

Patient Found Missing

1. Patient is found missing and start searching in ward area
2. Inform significant others and case MO of the incident
3. Inform AED of the missing patient
4. Search patient in hospital ground with the help of Security Officer
5. Report the case to Cheung Sha Wan Police Station and collect the Report Book Number
6. Complete the Incident Form by the RN responsible of the case and send it to CND
7. Inform Police, AED, MO, DSO and patient's relatives if patient returns to ward
8. Document in CMS the details of the incident including patient's behaviour, remedial actions taken, time patient found missing and subsequent actions taken

Kwai Chung Hospital

Flow Chart of Handling of Patient Found Missing

Missing of Patient
↓
Inform Ward-i/c
↓
Search in Hospital Compound

Patient is found
↓
Return to ward
↓
To explore if any Incident happens during the missing period

- Yes → Report to Case Medical Officer/Duty Medical Officer of incidents happened during missing period
- No → Educate patient to obtain permission before leaving hospital

Patient is not found
↓
Ward Nurse to initiate action

→ ***Relatives***

- To confirm whether the patient is safe by contacting the relatives and advise the follow up action.
- To reassure and advise relative to inform ward staff if the patient returns home or is located.
- To source for any contact person that the patient may turn to

→ ***Medical***

- To notify Case Medical Officer/Duty Medical Officer for advice and management.
- To specify review time/period.

→ ***Nursing***

- To inform WM / DWM / DOM for advice.
- To remind Case Medical Officer to review the case if patient does not return within time / period specified.

→ ***Police***

- To inform police as advised.
- To notify police to close the case if eventually patient returns/is located.

→ ***Medical Social Service Unit***

- To consult/request Medical Social Worker for advice/service.

→ ***Central Nursing Division***

- Record of abscondance of patients monthly by ward.

N66

To : Cheung Sha Wan Police Station
Fax : 2742 7046
From : Ward _____, Kwai Chung Hospital
Date : ____________________

Re : Missing Patient

Name of Patient : ____________________ (English) ____________ (Chinese)
HKID Card No. : ____________________ Age : __________ Sex : ______
Address : ____
Tel No. : ____
Found Missing from Hospital since ____________ (hours) on ____________ (date)
Relative and Contact number : ____________________________

The above named patient is found missing from our hospital. Please assist us in locating the patient's whereabouts.

- ☐ The patient is likely to :
  - ☐ injure himself/herself.
  - ☐ injure other people.

The description of the patient : ____________________________
____
____
____
____
____

____
Kwai Chung Hospital
Name : ____________________
Rank : ____________________
Tel No. : ____________________
Fax No. : ____________________

☐ Pleas tick against the appropriate item.

A Sample of Hospital's Admission Pamphlet

基督教聯合醫院

九龍觀塘協和街130號

入院須知

姓　　名：＿＿＿＿＿＿＿＿　　科　　目：＿＿＿＿＿＿＿＿

病歷號碼：＿＿＿＿＿＿＿＿　　日　　期：＿＿＿＿＿＿＿＿

　　　　　　　　　　　　　　　時　　間：＿＿＿＿＿＿＿＿

請帶備身份証依上述時間到本院 S 座地庫一樓 (B1) 入院登記處辦理入院手續。兒童入院，請攜同出生証明書及父或母之身份証。請依時到達。

> 如決定不入院，請於辦公時間內，來電取消留位，以免浪費資源。
>
> 入院登記處　：2379 4104
>
> 產科預約入院：2379 4191

> 領取公共援助人士，請於入院登記時，出示有關文件，以便辦理豁免醫療費用手續。

手術諮詢服務：

電話　　：2379 4502

服務時間：上午九時至下午一時
　　　　　下午二時至下午五時
　　　　　(星期六下午、星期日及假期暫停服務)

****

住院收費（由九六年十一月十五日起）

		每日收費
普通房：	本港居民或其配偶	$68
	非本港居民 （另按金$19,000）	$3,130
精神科日間病室：		$55

★ 住院費每七日結算一次及在出院前再結算繳付．

★ 凡未滿12歲的兒童入院治療，只須繳交半費。

★ 公務員或家屬，請出示GF181。

★ 醫管局職員或家屬，請出示HA181。

★ 退休公務員或家屬，請出示TRY447。

探訪須知

★ 根據醫院管理局附例，任何人仕不得在醫院內有告示批准的地方以外吸煙。違例者，即屬犯罪，可被罰款港幣2,000圓及監禁3個月。
★ 每次探訪只限二人；請勿攜帶六歲以下小童探訪。
★ 探訪兒童病人，請勿帶過多食物。凡帶來的食物會由護士收集，待茶點時給孩子們共嚐。
★ 病室範圍內，嚴禁使用手提電話，以免干擾電子醫療儀器之運作。

★★ 基督教聯合醫務協會乃一慈善機構，歡迎捐款樂助；款項可放入病室之捐款箱內。如需要正式收據可通知病室護理人員。

入院時應帶備之物品

★ 一般病者

1. 水杯、拖鞋、面巾、牙刷、牙膏、廁紙及肥皂等日用品；失禁者請帶備紙尿片。
2. 兩歲以下兒童請帶備面紙一盒、扣針、肥皂、膠片褲。可步行者請帶拖鞋或鞋[illegible]。
3. 兒童入院可攜帶心愛玩具；但鋒利、尖銳、易生火花等危險玩具切勿帶來，免生危險。

★ 產婦

1. 本院發出之專科門診證。
2. 產婦及其丈夫身份証，非本港居民請帶備身份証明文件及結婚証書。
3. 紙巾兩盒、嬰兒紙尿片一包及大毛巾兩條。
4. 產婦用特大號衛生巾兩包、胸圍兩個及衛生帶或網褲兩條。
5. 水杯、拖鞋、面巾、牙刷、牙膏、廁紙及肥皂等日用品。
6. 小膠盆一個及棉花一包，以清潔嬰兒臀部時用，
7. 請帶嬰兒羊毛內衣，請標記孕婦姓名。

住院手則

★ 本院範圍嚴禁吸煙。
★ 請勿攜帶貴重飾物及過多金錢；如有遺失，本院恕不負責，並會交由警方處理
★ 若未得醫生或護士許可，不得離開病房。如有任何意外，本院概不負責。
★ 若未得醫生同意，請勿離開醫院。病人在院外發生任何意外，本院概不負責。本院的保安人員有權阻止任何未經許可及穿著病人制服人仕離開醫院。
★ 因保安理由，本院多處出入口已安裝警報系統。任何非法使用，可觸發此系統。
★ 本院員工概不收受任何禮物或金錢，敬請合作。

手術志願書

★ 兒童及十八歲以下病人需要接受手術者，必須有父母或監護人同來簽署手術志願書。

申請資料保密

★ 本院可能會被你的親友或送花籃的花店職員等以電話或親身前來本院詢問有關你是否入院和病房 / 病床編號。如果你不同意本院透露此等資料，請通知本院入院登記處或你所住病房的職員。請注意，若你不同意透露資料，則根據本院現行的安排，無論是有關你是否已經入院的消息或是你的病房 / 病床編號，本院都不會向外提供。至於選擇性的透露部份資料，則請恕本院在目前不能達到此項要求。

索取臨床記錄 / X-光片 / 特別記錄

★ 醫療記錄是指各種記載病人護理的臨床記錄。你或你授權之人士可根據個人資料(私隱)條例申請索取醫療記錄的副本，或可申請索取醫療報告，並須按憲報刊登的收費支付所需的費用。

★ 爲能夠提供持續護理，在你的同意下，非醫管局的醫生亦可索取你的醫療記錄或報告。

★ 詳情請致電23794101與資料控制員辦公室聯絡。

Annex 9

Home Leave Form

HOME LEAVE FORM

Name ______________________

Sex ____ Age ____ Chinese Name ______________

Ward ____ Bed ____ Dept ____ Hosp ____

A. **PERSON(S) SIGNING THIS FORM**

The person(s) signing this form is/are: *(please tick as appropriate)*

☐ the patient;

☐ the patient's parent/guardian/next-of-kin: *(please specify)*

Name in Block Letters ______________________

HKID Card / Identity Document No. ______________________

Address ______________________

Phone No. (Day) ______________ (Night) ______________

Relationship with the Patient ______________________

B. **CONDITIONS OF HOME LEAVE**

Date and Time when Patient Leaves the Hospital ______________________

Date and Time for Return to the Hospital ______________________

Reason for Home Leave: For the patient named in this Form to recuperate at home on a temporary basis.

Conditions for Home Leave:

(a) The patient agrees to return to the hospital on the date specified.

(b) The patient and/or his/her parent/guardian/next-of-kin agree(s) to pay the hospital fees for the home leave period.

C. **REQUEST**

I, the undersigned:

1. request for home leave from the hospital and agree to the Conditions of Home Leave specified in this Form.

2. understand that I am / the patient is free to return to the hospital any time during the home leave period should such a need arise.

____
Signature of Patient

____
Date

____
Signature of Patient's Parent/Guardian/Next-of-kin

____
Signature of Witness

____
Name in Block Letters

____
Staff Rank / HKID Card or Identity Document No. of Third Party Witness

Annex 10

Discharge With Acknowledgement Of Medical Advice (DAMA) Form

Name____________________

Sex____ Age____ Chinese Name____________

Ward_____ Bed_____ Dept_______ Hosp______

DISCHARGE WITH ACKNOWLEDGEMENT OF MEDICAL ADVICE

<u>Note 1:</u> *Please complete this Form in duplicate. Keep the original in the medical record, and give the duplicate to the patient.*

<u>Note 2:</u> *This Form should be signed by an adult, whenever possible. Should the patient be unfit or unable to do so, the next-of-kin should sign this Form to indicate support/patient's consent.*

<u>Note 3:</u> *For a minor who is under 18 years of age and can understand the contents of this Form and the explanation given, only the minor needs sign this Form. Whenever appropriate, both the mino and the parent/guardian should sign this Form.*

<u>Note 4:</u> *When an adult/a minor cannot understand the contents of this Form and the explanation given because of mental incapacity/age, only the patient's guardian/parent needs sign this Form.*

<u>Note 5:</u> *This Form should be signed by the doctor who gave the explanation to the patient and/or patient's parent/guardian/next-of-kin.*

<u>Note 6:</u> *The witness (who can be a staff member or a third party such as the patient's next-of-kin) should be involved in the whole process – from the explanation giving to the signing of the Form. Please leave the witness fields blank in the absence of witness.*

A. PERSON(S) SIGNING THIS FORM

The person(s) signing this form is/are: *(please tick as appropriate)*

☐ the patient;

☐ the patient's parent/guardian/next-of-kin: *(please specify)*

Name in Block Letters ______________________________

HKID Card / Identity Document No. ______________________________

Address ______________________________

Phone No. (Day) ______________ (Night) ______________

Relationship with the Patient ______________________________

B. CONFIRMATION AND AGREEMENT

I, the undersigned:

1. request / request the patient to be discharged immediately, and I shall assume full responsibility for the consequences and risks associated with the immediate discharge and/or transfer.

2. hereby acknowledge that I have been given explanation on my / the patient's medical condition or the need for further investigations and treatment.

3. understand that I have / the patient has the right to seek further treatment at any Hospital Authority hospital. I / the patient can contact this Hospital if further information concerning this current admission is needed.

____
Signature of Patient see notes 2, 3 & 4

____
Date

____
Signature of Patient's Parent/Guardian/Next-of-kin see notes 2, 3 & 4

____
Signature of Witness see note 6

____
Signature of Doctor see note 5

____
Name in Block Letters

____
Name in Block Letters

____
Staff Rank / HKID Card or Identity Document No. of Third

Annex 11

Guidelines
On Discharge With Acknowledgement Of Medical Advice (DAMA)

Discharge with Acknowledgement of Medical Advice (DAMA)

Basic Principles:

The patient has the right to choose:
- the mode of treatment,
- the institution providing the treatment, and
- to refuse treatment altogether.

We have no right, nor power, to detain a patient against his/her own wishes.

Proper Attitude when a Patient Prefers to be Discharged

The medical team should seek to:
- explore the patient's motive for refusal,
- correct any mis-understanding,
- advise the patient of the risks of non-treatment, and
- offer other treatment options, if appropriate.

The patient should not be pressed for but allowed time to consider the decision.

Should the patient choose to seek treatment or second opinion elsewhere, we should provide the following resources, where appropriate, to enable the patient to exercise his right:
- referral documents,
- essential medications,
- transport arrangement, and
- loan of medical equipment for use during the transfer.

DAMA - Common Mis-conception

Would the DAMA Form "protect the medical team"?

The legal validity of DAMA depends on **how much information had been given to the patient.**

It would not protect the medical team had the doctor not provided the patient with sufficient information or help.

The Main Purpose of DAMA Form

The DAMA Form provides a documentary proof that the patient chooses not to oblige despite medical advice and explanation.

Why do we need a new DAMA form?

The old DAMA form is a weak legal document
1. the wording may be viewed as offensive and intimidating.
2. without a duplicate copy of the document, the doctor's signature could be inserted many hours after the patient left,
3. there may not have been any explanation given to the patient;
4. the patient can argue that he/she was made to sign the form under duress;
5. the witness is not a neutral party, but one with vested interest on the side of the hospital.

The new DAMA Form
- The patient acknowledges that medical advice/ explanation has been given.
- The patient declares that that he/she assumes full responsibility for the risks of transfer and refusal of medical care.

A Copy of DAMA Form should be Given to the Patient
This would enable the patient to:
- know exactly the declaration made;
- reconsider the alternatives at a later time;
- consult other parties with the discharge summary provided;
- have documentary proof of the explanation given before the patient leaves the hospital on his/her own initiative.

Completion of the DAMA Form
First of all, interview the patient and explain the need for treatment and hospitalisation.

Should the patient decides to DAMA, prepare a discharge summary, in appropriate cases, to highlight the patient's medical condition, preliminary or definitive diagnosis, and/or proposed investigations and treatment. Do not state any judgmental or incriminating comments. Only the plain medical facts and treatment plans should be documented.

Use the computer CMS if possible, to enable printing of additional copy for record purposes.

After explaining to the patient the contents of the DAMA Form, and then request the patient to sign the DAMA Form ***in duplicate.***

The ***original*** of the signed Form should be kept in the medical records, ***together*** with a copy of the discharge summary given to the patient, if any.

Doctor's signature and name in block letters
The qualified doctor who explained to the patient should sign, NOT the intern. The doctor's name in block letters must be legible.

Witness
The Witness should take part in the whole process, from explanation to signing the DAMA Form. In the absence of a witness, leave this part blank.

The following persons are suitable as witness, in descending order of preference:-
- a friend or relative of the patient (most preferred because of their non-affiliation with the work of the hospital and thus no conflict of interest)
- a nurse
- another doctor

When the witness is a friend or relative of the patient, please also try, NOT force, to record his/her ID number.

Document the reasons that the patient gave for deciding on DAMA.

** **Under all circumstances, clear explanation and detailed timely documentation are the most important action to take. The DAMA form is never mandatory. Therefore, never force the patient to sign the form. Read the back cover.**

Terms of Reference for the Working Group on the Handling of Missing Patients

1. To standardize the definition and the method of counting missing patients across hospitals.

2. To review existing measures taken by hospitals and explore further improvement to enhance patients' safety in the management of missing patients.

3. To recommend a protocol/operational instruction for hospital staff on the actions required to better manage missing patients.

4. To review and update HA guidelines on handling missing patients.

5. To formulate proactive measures to enhance the handling of missing patient and to control/minimize the associated risk.

6. To initiate staff awareness programmes as to enhance patient safety.

Annex 13

Summary
of 25 Cases of Missing Patient Incidents
Drawn from Eight HA Hospitals

25 Cases of Missing Patient Incidents Drawn from Eight HA Hospitals

Case	Hospital	Case Serial No.	Age	Definition Used	Counting Method Used	Reporting to Police
1.	A	253	40	b, c	b(i)	Yes
2.	A	506	21	b, c	b(i)	Yes
3.	A	759	43	b, c	b(i)	Yes
4.	A	1012	25	b, c	b(i)	Yes
5.	A	1256	35	b, c	b(i)	Yes
6.	A	1518	23	b, c	b(i)	Yes
7.	A	--	39	b, c	b(i)	Yes
8.	B	206	40	a	b(i)	Yes
9.	B	412	41	a	b(i)	Yes
10.	B	618	35	a	b(i)	No
11.	B	824	58	a	b(i)	No
12.	C	196	77	a	b(i)	No
13.	C	392	83	a	b(i)	No
14.	C	588	43	c	b(i)	No
15.	C	784	47	a	b(i)	No
16.	D	222	49	b	a (Note 1)	Yes
17.	D	443	34	b	a	No
18.	E	232	47	b	b(i)	Yes
19.	E	464	37	b	b(i)	Yes
20.	F	191	39	a	b(i)	No
21.	F	381	30	a	b(i)	Yes
22.	G	186	20	a	b(i)	No
23.	G	371	48	a	b(i)	Yes
24.	H	141	69	a	b(i)	Yes
25.	H	282	39	a	b(i)	Yes

Definition of Missing Patients

a. Patients who discharged themselves or found missing without informing/prior notice given to ward staff and they cannot be located.

b. Patients who discharged themselves or found missing without informing/prior notice given to ward staff and cannot be located and such cases have been reported to the Police.

c. Patients who discharged themselves (walk away in front of medical/ward staff) without signing the Discharge with Acknowledgement of Medical Advice (DAMA) form.

d. Despite persuasion, patients refused to return after home leave.

Method of Counting Missing Patients

a. By number of discharges coded as "missing" in the Integrated Patient Administration System (IPAS).

b(i). By number of missing patient incidents captured based on the definition adopted by the Hospital. In this case, the same patient may disappear for a number of times during the period of his/her hospitalisation and all such times are counted.

b(ii). By number of missing patient incidents captured based on the definition adopted by the Hospital. In this case, the same patient may disappear for a number of times during the period of his/her hospitalisation and only counted on once for the same patient identity during each stay.

Note

(1): Case serial no. 222 was counted once, although the patient had been found missing twice.

Hospital A : 7 Cases

Background (Randomly drawn case nos.)	When, how & by whom the incident was discovered	What & when decision was taken to report the incidents & to whom	Latest development
Case 253 Patient (age 40) was a known drug abuser. Patient was admitted on Day 1 via A&E to ward. Patient was calm and stable, and did not express any suicidal ideation Comment: Patient was not at risk.	Patient was last seen in stable condition by case MO during doctor's round at 09:00 on Day 2, but was later found missing at 09:30 by nurse.	Nurse instructed student nurse and Health Care Assistant to search around the vicinity but in vain. Nurse also tried to inform patient's relative via phone calls but in vain. Nurse then sought hospital security to carry out hospital-wide searching, but also in vain. Nurse then reported to A&E police station.	The whereabout of patient could not be located at the close of case. P.S.: Patient was admitted to hospital again 3 months and 8 days later.
Case 506 Patient (age 21) had no past history of mental illness nor suicidal attempt, was admitted on Day 1 via A&E to ward for Drug Overdose. Patient was calm and denied suicidal ideas. Patient was diagnosed as mental disorder by psychiatrist on Day 3 with psychiatric follow-up appointment given Comment: Patient was not at risk.	Nurse last saw patient in stable condition at 19:00 on Day 3. Patient was then found missing at 20:30 by nurse.	Nurse instructed student nurse to search in ward area but in vain. Nurse sought hospital security team to carry out hospital-wide searching but in vain. Patient's relative was also informed at the same time. A&E police station was reported of the missing patient.	The whereabout of patient could not be located at the close of case.
Case 759 Patient (age 43) was a mental hostel resident. Patient was admitted on Day 1. Patient was stable and alert.	Nurse last saw patient in stable condition at 10:45 on Day 13. Patient was later found missing at 11:00 by nurse.	Nurse instructed Health Care Assistant to search the ward area but in vain. Nurse then sought hospital security team to carry out hospital-wide searching but also in vain. Patient's mother could not be contacted via repeated phone calls, but hostel staff was informed of missing incident. Nurse then reported to A&E police station at 11:35.	Patient returned to ward at 18:10 on Day 13. Hostel staff was informed of patient's return but patient's mother still could not be contacted.
Case 1012 Patient (age 25) was admitted in Day 1 via A&E to ward for Suicidal Attempt and Drug Abuse. Patient was alert and stable. Suicidal precaution measures had been carried out.	Patient was last seen in stable condition by nurse at 21:50 on Day 1. Patient was then found missing at 22:25 by nurse.	Nurse instructed Health Care Assistant to search in ward area but in vain. Nurse sought hospital security team to carry out hospital-wide searching but in vain. Patient's relative was informed at 22:30. A&E police station reported of the missing.	Patient returned to ward at 00:15 on Day 2.
Case 1256 Patient (age 35) was admitted on Day 1 via A&E to ward for abnormal behavior and history of drug abuse before admission. Patient presented with violent behavior and suicidal idea and was put on safety vest by nurse.	Patient was escorted by nurse to X-ray department for examination on Day 1. At 22:10, just returned from examination and in front of the nurse and outside the ward, patient suddenly ran towards the lift lobby and then ran downstairs. Nurse tried to trace the patient but in vain.	Nurse sought hospital security team to carry out hospital-wide searching at once but also could not find the patient. Patient's relative was informed of the incident at 22:40. Nurse reported to A&E police station of the incident.	The whereabout of patient could not be located at the close of case. P.S.: Patient readmitted to hospital via A&E the next day.
Case 1518 Patient (age 23) was admitted on Day 1 via A&E to ward after drug abuse. Patient was stable, calm and did not express any suicidal ideas. Patient requested DAMA at 21:55 on Day 4 and was turned down by MO.	Patient was last seen in stable condition by nurse at 23:30 on Day 4 but was later found missing at 23:45 by nurse.	Nurse instructed student nurse to search around the ward area but in vain. Hospital security team sought to carry out hospital wide searching at 23:45 but also in vain. Patient's relative could not be contacted via repeated phone calls. Nurse then reported the missing to A&E police station.	The whereabout of patient could not be located at the close of case. P.S.: Patient attended hospital's SOPD 11 days later.
Case – Patient (age 39) was sent by ambulance to A&E and claimed suicide. Patient was emotionally calm and stable on admission. Suicidal precaution measures were activated as to alert all staff members of patient's suicidal precaution status with close observation and psychological support.	At 03:20 of Day 2, patient was observed to be in calm and stable condition, however patient was not found in the ward at 03:30. Searching was done immediately. Patient was found at 04:00. Patient's relative was advised to come and stay with patient. Intensive observation and documentation of condition were commenced. Consultation to Medical Social Worker for financial problem and psychiatrist were arranged at 09:00. Patient last seen in bed at 22:00 Patient was found not in the ward again at 23:00. Searching was started.	Relative was informed again at 23:15. Hospital security was informed at 23:20 and searching in the hospital compound was started. Police was notified at 23:30.	Phone contact with relative at 23:45 that patient had gone home. Advice to bring patient back to hospital but was refused.

Hospital B : 4 Cases

Background (Randomly drawn case nos.)	When, how & by whom the incident was discovered	What & when decision was taken to report the incidents & to whom	Latest development
Case 206 Patient (age 40) was admitted on day 1 and prepared for operation on day 2. Post-op condition stable and mentally normal. Comment: Patient was not at risk.	On Day 4, patient was found not in ward at 15:30.	Phoned to patient's home at 17:20 but unable to locate patient. Hospital search initiated at 17:22. Police was notified at 17:30. Patient reappeared at 18:30 and police was informed. Patient was advised to inform staff on leaving the ward.	Patient self returned to the ward at 18:30.
Case 412 Patient (age 41) was admitted for drug abuse. Regained normal mental state after admission.	Patient was found not in ward at 14:30 on the day of admission. Phoned home immediately but unable to locate patient.	Hospital search was initiated at 15:03. Police was notified at 15:50. Phone contact relative tried every 2 hours.	On day 2 at 20:05, patient's family informed ward that the patient had returned home.
Case 618 Patient (age 35) was admitted to hospital. Patient was mentally normal. Comment: Patient was not at risk.	On day 8, patient was found not in ward at 13:00.	On day 8 at 14:50, hospital security was informed and hospital search was initiated	Patient self returned to the ward at 16:28 of day 8.
Case 824 Patient (age 58) was admitted via A&E to ward. Suicidal tendency was suspected.	Patient was put under observation with 行爲觀察表 since admission. Referred patient to hospital chaplain. On day 2, patient was found not in ward at 13:00.	Hospital security was informed and hospital search was initiated at 14:50 of day 2.	Patient self returned to the ward at 15:30 and reluctant to explain the reason for disappearance.

Hospital C : 4 Cases

Background (Randomly drawn case nos.)	When, how & by whom the incident was discovered	What & when decision was taken to report the incidents & to whom	Latest development
Case 196 Patient (age 77) was admitted via A&E to ward. Comment: Patient was not at risk.	On day 8, patient slept well and refused blood pressure taking at night. At 07:55, patient was found missing by nurse with belongings by the bedside. Nurse looked around the ward and tried to locate patient but in vain.	The incident was reported to the Security Department at 08:00 of day 8 for assistance in searching patient. Patient's relative was also informed.	Patient was brought back to the ward by relative at 09:50 of day 8.
Case 392 Patient (age 83) was admitted via A&E to ward. Comment: Patient was not at risk.	On day 3, doctor had an interview with patient and family members at 17:30. Patient had blood pressure checked at 19:00 with normal result. At 19:45, patient was found missing by nurse and relative. Patient's room-mates said that patient had changed own clothing and told them that patient had just went home for a while and left about 15-20 minutes ago.	The Security Department was informed immediately. Nurse tried to phone patient's home but there was no response. One of patient's relatives contacted the police at the A&E counter but another relative requested to hold reporting to the police.	At 20:40 of day 3, patient's relatives said that they found the patient at home. Advice was given and patient was brought back to ward by relatives at 20:55.
Case 588 Patient (age 43) was admitted via A&E to ward. Drugs were given for pain. Comment: Patient was not at risk.	On day 3 at 19:10, nurse saw patient walked away and was told that patient would not come back	Doctor was informed immediately. The Security Department was contacted at 19:36 for assisting in searching patient within the hospital compound but in vain.	Patient refused to return to the ward despite explanation given on the reason to stay and the risk of departure. Patient was advised to seek medical assistance when necessary and patient's file was closed subsequently.
Case 784 Patient (age 46) was a known case of drug abuse, was admitted to ward via A&E. Comment: Patient was not at risk.	On day 2, nurse found patient missing at 16:00.	Nurse then contacted the Security Department at 16:20 of day 2 for assisting in searching patient.	Patient returned to ward at 16:40 of day 2 and Security Department was informed.

Hospital D : 2 Cases

Background (Randomly drawn case nos.)	When, how & by whom the incident was discovered	What & when decision was taken to report the incidents & to whom	Latest development
Case 222 Patient (age 49) was admitted on day 1 via A&E to ward. Patient refused some treatment procedures on admission. Comment: Patient was not at risk.	Incident of 1st missing Patient was found missing at 10:00 on day 1 but returned at 01:50 on day 2. Incident of 2nd missing Patient was found missing again at 09:30 of day 2.	Incident of 1st missing Current telephone number was available and tried, but no one answered. Police was informed at 12:45 with statement written. Located another telephone number at 13:00 but the receiver claimed not knowing the patient. Patient returned to ward at 01:50 of day 2 and was escorted by the hospital security staff. Incident of 2nd missing Hospital Security and police were informed.	Patient did not return to hospital after the 2nd missing. Case closed after 24 hrs on day 3 at 10:02 as missing. P.S.: Patient re-attended A&E on day 3 and days after.
Case 443 Patient (age 34) was admitted on day 1 via A&E to ward because of physical problem and in good general condition.	Patient was found missing at 13:15 on day 2.	Hospital security was informed. On patient's return, security was also informed. Patient was advised to stay in the ward. No physical examination done by doctor.	Patient returned to hospital at 13:30 on day 2.

Hospital E : 2 Cases

Background (Randomly drawn case nos.)	When, how & by whom the incident was discovered	What & when decision was taken to report the incidents & to whom	Latest development
Case 232 Patient (age 47) had mental illness and was admitted to hospital. Comment: Patient was not at risk.	Patient was brought to attend a medical follow-up appointment in another hospital under nursing escort. They left the parent ward at 14:15. The escorting nurse reported that patient was found missing at 17:15 on follow-up while the nurse was making a phone call to arrange return transport.	A search in the hospital compound was carried out by the escorting nurse immediately. Ward staff was also informed by phone and the same message conveyed to duty medical officer for attention. Ward staff was instructed to inform police and the case was informed to police at 17:40. As patient had no traceable relatives, thus, no phone call could be made.	The patient returned to the parent ward by self at 20:20.and patient claimed that when the escorting nurse was making the phone call; lost one's way after visiting toilet. Anyway, patient managed to return by self safely.
Case 464 Patient (age 37) had history of mental illness and was admitted to hospital. Comment: Patient was not at risk.	Patient failed to return to ward for dinner at 19:30 on the day five months 23 days after admission.	A search in the hospital compound was carried out immediately by ward staff but the result was fruitless. Patient's home telephone was tried but nobody answered the call. Duty medical officer was informed and instructed to inform police.	One day after patient's missing, according to police at 03:05, patient was found wandering in some area outside the hospital and was admitted to another hospital. Patient was subsequently sent back to the parent hospital at 11:50 on the same day.

Hospital F : 2 Cases

Background (Randomly drawn case nos.)	When, how & by whom the incident was discovered	What & when decision was taken to report the incidents & to whom	Latest development
Case 191 Patient (age 39) suffered from illness related to alcohol, was admitted via A&E to ward. Comment: Patient was not at risk.	On admission to hospital at 00:53, patient was in conscious and alert condition, oriented to time; place and person. Patient was last seen by nurse at 07:20 on the day of admission. Patient was noticed missing at 07:30.	On the day of missing: Nearby area and ward search. Hospital Foreman was informed and conducted search. Patient's relative was informed at 09:00 Doctor was informed at 09:00. WM and DOM were informed of patient's missing. Statement on patient found missing / walk away was submitted.	Patient was contacted at home but refused to return to hospital for further management. Doctor was informed and patient discharged as missing.
Case 381 Patient (age 30) suffered from drug abuse and was admitted to ward via A&E.	Patient was admitted at 21:43 on day 1. Patient was last seen by nurse at 13:15 of day 11. Patient was found missing at 14:05 of day 11.	On the day of missing: Nearby area and ward searched. Hospital Foreman was informed and conducted search. Patient had no relative and the friend was informed at 15:00. The incident was reported to police at 15:20. Doctor was informed at 18:20. WM and DOM were informed of patient's missing.	On day 11 at 23:45, ward nurse was informed by police that patient was found stealing in a shop during the missing period. Patient was caught and under the custody of police. This missing case was closed on day 12 at 15:20.

Hospital G : 2 Cases

Background (Randomly drawn case nos.)	When, how & by whom the incident was discovered	What & when decision was taken to report the incidents & to whom	Latest development
Case 186 Patient (age 20) suffered from illness of altered conscious state, was admitted to ward via A&E at about 06:00. Patient denied drug abuse.	On admission, patient was found to be fully conscious, ambulatory, oriented and emotionally calm. Patient indicated to ward staff unwilling to stay in the hospital and patient's father was interviewed to encouraged patient to stay for further investigation. However, as soon as the father left the ward, the patient insisted to leave ward at 13:30 on the day of admission despite of advice given by the house officer.	Patient's father was informed at 14:00. This case was taken as "Walk Away" and police was not informed.	Subsequently, patient had been readmitted in August and September in the same year.
Case 371 Patient (age 48) suffered from mental illness, was an in-patient of a mental hospital. Patient was admitted to another hospital due to physical illness.	After investigation and treatment, patient was planned to be discharged. On the morning of day 17 at 10:30, patient was found missing.	Searching within hospital compound was carried out but patient could not be found. Relatives and police were informed at 10:30.	Patient had returned home and about 2 hours later, patient was escorted back to the mental hospital by police.

Hospital H : 2 Cases

Background (Randomly drawn case nos.)	When, how & by whom the incident was discovered	What & when decision was taken to report the incidents & to whom	Latest development
Case 141 Patient (age 69) was admitted to ward via A&E at 14:04. on day 1. The ADL was independent. Patient lived alone and on social assistance. Comment: Patient was not at risk.	A series of investigations were performed. At 06:40 of day 3, patient complained there was no food to eat and left the ward, leaving the patient's pyjamas on bed.	On the day of missing: Security guard was informed. No relative could be contacted. Police was informed at 08:30. Case MO was informed at 09:00.	Patient returned to ward at 10:55 in fair general condition. On day 5, patient was discharged home with follow-up arranged on the following week.
Case 282 Patient (age 39) suffered from drug abuse and was admitted to ward.	Patient refused some investigation procedure on admission with refusal form signed. Patient was last seen by the nurse for wound dressing at 14:00 on day 2. Patient was found missing at 14:50.	On the day of missing: No relative could be contacted. Case MO was informed. Police was informed at 19:00. Patient returned to ward at 23:30. On day 6, patient was found missing again at 15:00, ward searching done.	Patient returned to ward at 17:30 of day 6. On day 7, patient was discharged home after dressing and follow-up one week in clinic.